2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2012
Secretary of State

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Entity Name: FLORIDIANS FOR RECOVERY, INC.

Current Principal Place of Business:

2868 MAHAN DR
STE 1
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2868 MAHAN DR
STE 1
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 80-0530418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTAINE, MARK P
2868 MAHAN DR
STE 1
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C
Name: COUNES, MICHAEL
Address: 511 40TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S
Name: ALFIERI, TINA
Address: MERIDIAN BEHAV. HEALTHCARE, 4300 SW 13TH S
City-St-Zip: GAINESVILLE, FL 32608

Title: T
Name: HAFER, ROBERT
Address: TRAANSITION HOUSEEE, 3800 5TH ST
City-St-Zip: ST CLOUD, FL 34769

Title: D
Name: FONTAINE, MARK
Address: FADAA, 2868-1 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK P FONTAINE D 03/29/2012

Electronic Signature of Signing Officer or Director Date