2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009321

FILED Jul 07, 2008 Secretary of State

Entity Nar	ne: CHANGI	NG LIVES TRANSITIONAL HOL	JSING, INC.		
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
3938 ASCO FT MYERS	OT LN S, FL 33919	US			
Current Mailing Address:			New Maili	New Mailing Address:	
3938 ASCOT LN FT MYERS, FL 33919 US					
In accordan		FEI Number Applied For() 93(2)(b), F.S., the corporation did not Current Registered Agent:		icable () Certificate of Status Desired () e. Address of New Registered Agent:	
HOOD, JA 3938 ASCO FT MYERS	MES A II OT LN 5, FL 33919	US			
	named entity e of Florida.	submits this statement for the pu	ırpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (HOOD, JAMES 3938 ASCOT L FT MYERS, FL	.N	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MULKEY, SHE	TH PLACE, #107	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition HOOD, GAIL R 3938 ASCOT LN FORT MYERS, FL 33919 US	
Title: Name: Address: City-St-Zip:	T (HOOD, JAMES 3938 ASCOT L FT MYERS, FL	.N	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES A HOOD II Ρ 07/07/2008