

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010025

FILED
Apr 30, 2011
Secretary of State

Entity Name: METAMORPHOSIS RECOVERY CENTER INC.

Current Principal Place of Business:

2440 12TH AVE SW
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 690416
VERO BEACH, FL 32969

New Mailing Address:

FEI Number: 39-2064549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, LALEATA D
2440 12TH AVE S.W.
VERO BEACH, FL 32962 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: P
Name: WHITE, LALEATA D
Address: P.O. BOX 690416
City-St-Zip: VERO BEACH, FL 32969

Title: VP
Name: SPIVEY, HORTENSE
Address: 4301 U.S. HWY. 1
City-St-Zip: VERO BEACH, FL 32967

Title: TREA
Name: JONES, BRENDA
Address: 4680 57TH AVE
City-St-Zip: VERO BEACH, FL 32967

Title: SEC
Name: SPANN, LATOYA
Address: 1555 14TH AVE APT 221
City-St-Zip: VERO BEACH, FL 32960

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: LALEATA D. WHITE

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date