

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011206

FILED
Feb 06, 2008
Secretary of State

Entity Name: RECOVER MENTORING PROGRAM, INC.

Current Principal Place of Business:

2616 TALL MAPLE LOOP
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2616 TALL MAPLE LOOP
OCOE, FL 34761

New Mailing Address:

FEI Number: 26-1526592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCBRIDE, WILLIAM CHRM
8043 STIRRUPWOOD CT.
ORLANDO, FL 32818 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 () Delete
Name: LOBBAN, SAMANTHA
Address: 2616 TALL MAPLE LOOP
City-St-Zip: OCOE, FL 34761

Title: CHRM () Delete
Name: MCBRIDE, WILLIAM
Address: 8043 STIRRUPWOOD CT.
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: CRANDALL, MARC
Address: 5245 LOS PALMA VISTA DR.
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMANTHA E LOBBAN

MS

02/06/2008

Electronic Signature of Signing Officer or Director

Date