

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004570

FILED
Apr 01, 2009
Secretary of State

Entity Name: CREATIVE THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

237 WEST LAKE FAITH DRIVE
MAITLAND, FL 32751

New Principal Place of Business:

416 N FERNCREEK AVENUE
A
ORLANDO, FL 32803

Current Mailing Address:

237 WEST LAKE FAITH DRIVE
MAITLAND, FL 32751

New Mailing Address:

1223 LAKE HIGHLAND DRIVE
ORLANDO, FL 32803

FEI Number: 26-2697072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, MARTINA D
237 WEST LAKE FAITH DRIVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

GALLAGHER, MARTINA D
1223 LAKE HIGHLAND DRIVE
ORLANDO, FL 32803 US

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: MARTINA D. GALLAGHER

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALLAGHER, MARTINA D
Address: 237 WEST LAKE FAITH DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: HARRIS, CHRISTINE T
Address: 138 EVEREST STREET
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: TETRICK, MICHAEL
Address: 1223 LAKE HIGHLAND DRIVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GALLAGHER, MARTINA D
Address: 1223 LAKE HIGHLAND DRIVE
City-St-Zip: ORLANDO, FL 32803

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: MARTINA D. GALLAGHER

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date