

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005301

FILED  
May 30, 2009  
Secretary of State

Entity Name: NEW DAY RECOVERY, CORP.

## Current Principal Place of Business:

9552 N BELFORT CIRCLE, 104  
TAMARAC, FL 33321

## New Principal Place of Business:

## Current Mailing Address:

9552 N BELFORT CIRCLE, 104  
TAMARAC, FL 33321

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HAMPTON, TOMMIE L  
2376 NW 27TH AVE  
FT LAUDERDALE, FL 33311 US

## Name and Address of New Registered Agent:

HAMPTON, TOMMIE L  
9552 N BELFORT CIRCLE, 104  
TAMARAC, FL 33321 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:

05/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMITH, CHRIS  
Address: 402 S MONROE ST  
City-St-Zip: TALLAHASSEE, FL 32399

Title: C ( ) Delete  
Name: RUSH-ADAMS, BEA  
Address: 5628 BLANCHARD PLACE NE  
City-St-Zip: SUGARHILL, GA 30518

Title: T ( ) Delete  
Name: WOODWARD, MICHAEL  
Address: 1721 NE 42ND ST  
City-St-Zip: OAKLAND PARK, FL 33334

Title: S ( ) Delete  
Name: APARICIO, RAUL DR.  
Address: 499 NW 70TH AVE STE 210  
City-St-Zip: PLANTATION, FL 33317

## 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:

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: TOMMIE L HAMPTON

DIR

05/30/2009

Electronic Signature of Signing Officer or Director

Date