# 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 11, 2009**
**Secretary of State**

DOCUMENT# N08000005301

**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: 90-0491595** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMPTON, TOMMIE L
9552 N BELFORT CIRCLE, 104
TAMARAC, FL 33321 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: 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: S (X) Change ( ) Addition
Name: RUSSO, MARIANNE R EDD
Address: 2421 N.E. 45TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: O (X) Change ( ) Addition
Name: RUSH-ADAMS, BEA
Address: 5628 BLANCHARD PLACE NE
City-St-Zip: SUGARHILL, GA 30518 US

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

Title: O (X) Change ( ) Addition
Name: APARICIO, RAUL DR.
Address: 499 NW 70TH AVE STE 210
City-St-Zip: PLANTATION, FL 33317 US

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 D 06/11/2009

Electronic Signature of Signing Officer or Director — Date