2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2009
Secretary of State

DOCUMENT# N08000007741

Entity Name: STEPHEN SCHNELLENBERGER FOUNDATION FOR SOBER LIVING, INC.

Current Principal Place of Business:

75 NE 6TH AVE., #222
DELRAY BEACH, FL 33483

New Principal Place of Business:

185 NE 4TH AVE
305
DELRAY BEACH, FL 33483

Current Mailing Address:

75 NE 6TH AVE., #222
DELRAY BEACH, FL 33483

New Mailing Address:

185 NE 4TH AVE
305
DELRAY BEACH, FL 33483

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

DAVIS, RICHARD T.
901 N. OLIVE AVE.
WEST PALM BEACH, FL 33401 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: SCHNELLENBERGER, TIMOTHY
Address: 185 NE 4TH AVE., #305
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: CAMPBELL, FRANCESCA
Address: 134 VIA D ESTE #703
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete
Name: ZARMANIAN, BRIAN
Address: 5620 W. ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: STRAZI, NICOLE
Address: 2000 LINTON LAKE DR., #L
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: SCHNELLENBERGER, TIMOTHY
Address: 185 NE 4TH AVE., #305
City-St-Zip: DELRAY BEACH, FL 33483

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: TIMOTHY SCHNELLENBERGER MR 05/17/2009
Electronic Signature of Signing Officer or Director — Date