

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008745

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** CELEBRATE LIFE RECOVERY CENTER, INC.

**Current Principal Place of Business:**

840 W DANIA BCH BLVD  
DANIA BEACH, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

10650 NW 30 PL  
SUNRISE, FL 33322

**New Mailing Address:**

10650 NW 30 PL  
BLDG #8  
SUNRISE, FL 33322

FEI Number: 27-0722932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CHANDLER, VALERIE  
10650 NW 30 PL  
SUNRISE, FL 33322 US

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

CHANDLER, VALERIE  
10650 NW 30 PL  
BLDG #8  
SUNRISE, FL 33322 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/06/2010

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHANDLER, VALERIE  
Address: 10650 NW 30 PL  
City-St-Zip: SUNRISE, FL 33322

Title: VP  
Name: CUNNINGHAM, RALPH  
Address: 4041 NW 8 TERRACE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: ED  
Name: DELANCY, CARON  
Address: 2200 MONROE ST #34  
City-St-Zip: HOLLYWOOD, FL 33020

Title: S  
Name: STEWART, NAOMI  
Address: 8977 NW 49 PL  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: VALERIE CHANDLER

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date