2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N37251

Entity Name: CRC RECOVERY FOUNDATION, INC.

Current Principal Place of Business:

% DAVID G. ARMSTRONG ESQ
4600 N OCEAN BLVD., #206
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

% DAVID G. ARMSTRONG ESQ
4600 N OCEAN BLVD., #206
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0172970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMSTRONG, DAVID G. ESQ
4600 N OCEAN BLVD.
STE. 206
BOYNTON BEACH, FL 33435 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:	PD	( ) Delete
Name:	EATON, LAWRENCE	
Address:	18 PAR CLUB CR	
City-St-Zip:	VILLAGE OF GOLF, FL	
Title:	VPD	( ) Delete
Name:	MACKENZIE, CLARK F.	
Address:	4475 N. OCEAN BLVD	
City-St-Zip:	DELRAY BEACH, FL	
Title:	SD	( ) Delete
Name:	TIERNAN, MICHAEL W.	
Address:	510 SEAGATE DRIVE	
City-St-Zip:	DELRAY BEACH, FL	
Title:	TD	( ) Delete
Name:	SWANK, STEPHEN R	
Address:	309 NE 1 ST	
City-St-Zip:	DELRAY BCH, FL	

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: STEPHEN SWANK TREA 04/25/2009

Electronic Signature of Signing Officer or Director — Date