

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N45767

FILED
Sep 30, 2005
Secretary of State

Entity Name: A LIFE RECOVERY CENTER, INC.

Current Principal Place of Business:

449 W GEORGIA ST
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

449 W GEORGIA ST
TALLAHASSEE, FL 32304 US

New Mailing Address:

FEI Number: 59-3099155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUMMING, GEORGE JR.
THE WHITEHOUSE, SUITE 2A
203 N. GADSDEN ST.
TALLAHASSEE, FL 32301 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: GEORGE DRUMMING JR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PBM () Delete
Name: GREEN, JOHN F REV
Address: 501 ORANGE AVE
City-St-Zip: TALLAHASSEE, FL

Title: VC () Delete
Name: HOUSTON, JAMES
Address: 3113 MAE RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: SBM () Delete
Name: HILL, ROSALIE A
Address: 715 SPRINGSAX RD.
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: ALL, ALFONZO
Address: 4553 BOUFIN DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: DBM () Delete
Name: GRIFFIN, LINN ANN
Address: 551 WEST VIRGINIA ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: DBM () Delete
Name: GREEN, MATTIE
Address: 1106 BIRMINGHAM ST.
City-St-Zip: TALLAHASSEE, FL 32301

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:

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City-St-Zip:

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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 for the exemption stated in Section 119.07(3)(i), 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: JOHN F GREEN

PBM

09/30/2005

Electronic Signature of Signing Officer or Director

Date