2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006
Secretary of State

DOCUMENT# N45767

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 ( )**
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:

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: _____

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 BIRMINGHAN 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:	
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 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: REV. JOHN F. GREEN PBM 08/10/2006

Electronic Signature of Signing Officer or Director — Date