

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45767

FILED  
Apr 07, 2008  
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:

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: D ( ) Delete  
Name: BRADFORD, AMOS  
Address: 8878 BLACKHEATH WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: HALL, 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: RICHARDSON, A J  
Address: 3715 FORSYTH WAY  
City-St-Zip: TALLAHASSEE, FL 32308

**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 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: JOHN F GREEN

D

04/07/2008

Electronic Signature of Signing Officer or Director

Date