2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
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 ( )**

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	(X) 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:	BC	(X) Change ( ) Addition
Name:	HOUSTON, JAMES	
Address:	3113 MAE RD.	
City-St-Zip:	TALLAHASSEE, FL 32312	
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: JAMES HOUSTON BC 04/15/2009
Electronic Signature of Signing Officer or Director — Date