2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
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: BC
Name: HOUSTON, JAMES
Address: 3113 MAE RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: PRES
Name: MCALLISTER, JULIUS H
Address: 501 WEST ORANGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SECY
Name: HILL, ROSE
Address: 501 W ORANGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: TREA
Name: ALLBAUGH, HEATH
Address: 1566 HARBOUR CLUB DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: JAMES HOUSTON BC 04/29/2011

Electronic Signature of Signing Officer or Director Date