

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002717

FILED
May 01, 2009
Secretary of State

Entity Name: CASA DE RECUPERACION PARA ALCOHOLICOS, INC.

Current Principal Place of Business:

503 14TH ST
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8337
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0602536 **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:

FERNANDEZ, MICKEY
2045 VININGS CIR
604
WELLINGTON, FL 33414 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: ED () Delete
Name: FERNANDEZ, MICKEY
Address: 2045 VININGS CIR 604
City-St-Zip: WELLINGTON, FL 33414

Title: S () Delete
Name: HELLAWELL, PAT
Address: 11103 GREEN BAYBERRY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: LEHMAN, TERRY
Address: 5200 EAST AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: SINGLETON, JERRY
Address: 901 N.E. 2ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: ROSADO, RAFAEL
Address: 910 9TH WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: HELLAWELL, RICHARD
Address: 11103 GREEN BAYBERRY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: MICKEY FERNANDEZ

ED

05/01/2009

Electronic Signature of Signing Officer or Director

Date