2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 20, 2008
Secretary of State

DOCUMENT# N97000002584

Entity Name: RECOVERY HOUSE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

591 LAKE MINNIE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522442
LONGWOOD, FL 32052

New Mailing Address:

P.O. BOX 522442
LONGWOOD, FL 32752

FEI Number: 59-3448411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGAN, JOHN
591 LAKE MINNIE DR
SANFORD, FL 32773 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: PD ( ) Delete
Name: REVELS, GELON
Address: 1800 E GRAVES AVE, LOT 166
City-St-Zip: ORANGE CITY, FL 32763

Title: VD ( ) Delete
Name: TURKINGTON, BRIAN G DR
Address: 1128 BENT BIRCH COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Delete
Name: YELDELL, LEE
Address: 1411 ROSECLIFF CIR.
City-St-Zip: SANFORD, FL 32773

Title: TD ( ) Delete
Name: MILLER, DEE
Address: 406 SANDINGTON CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: BOD ( ) Delete
Name: TANGO, ROBERT A
Address: P.O. BOX 2677
City-St-Zip: LAKE MARY, FL 32795

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: REVELS, GELON
Address: 1800 E GRAVES AVE, LOT 166
City-St-Zip: ORANGE CITY, FL 32763

Title: COB (X) Change ( ) Addition
Name: TURKINGTON, BRIAN G DR
Address: 1128 BENT BIRCH COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: BM (X) Change ( ) Addition
Name: YELDELL, LEE
Address: 1411 ROSECLIFF CIR.
City-St-Zip: SANFORD, FL 32773

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change ( ) Addition
Name: BUTKINS, PETER DR
Address: 100 WISTERIA WAY
City-St-Zip: LONGWOOD, FL 32779

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 HAGAN PRES 06/20/2008

Electronic Signature of Signing Officer or Director — Date