

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002584

FILED
Jun 16, 2010
Secretary of State

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 32752

New Mailing Address:

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: P
Name: VISSER, LARRY
Address: 992 CARIBBEAN PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: VP
Name: GUILIANI, CHARLOTTE
Address: 211 BUSH BLVD
City-St-Zip: SANFORD, FL 32773

Title: TD
Name: BEACHAM, KIP
Address: 100 BUSH BLVD
City-St-Zip: SANFORD, FL 32773

Title: SD
Name: MILLER, DEE
Address: 406 SANDINGTON CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: BM
Name: REVELS, GELO
Address: 1800 E. GRAVES AVE., #166
City-St-Zip: ORANGE CITY, FL 32763

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: JOHN HAGAN

PRES

06/16/2010

Electronic Signature of Signing Officer or Director

Date