

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002584

FILED  
Apr 17, 2012  
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:**

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

Title: VC  
Name: BEACHAN, KIP  
Address: 101 BUSH BLVD  
City-St-Zip: SANFORD, FL 32773

Title: TD  
Name: VAUGHAN, RICK  
Address: 107 W. COMMERCIAL ST  
City-St-Zip: SANFORD, FL 32771

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

Title: BM  
Name: MONTAGUE, PAYTON  
Address: 1226 DEER LAKE CR  
City-St-Zip: APOPKA, FL 32712

Title: CEO  
Name: HAGAN, JOHN T  
Address: 4347 COBBLESTONE CT  
City-St-Zip: ORLANDO, FL 32810

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

CEO

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date