


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90115 002 \*\*\*\*70.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                      |  |  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N98000002836</b>   |  |   |  |   |  |
| 1. Corporation Name<br><b>CENTER FOR BETTER LIVING, INC.</b>                         |  |   |  |   |  |
| Principal Place of Business<br><b>2109 14TH AVE<br/>         VERO BEACH FL 32960</b> |  |   | Mailing Address<br><b>2109 14TH AVE<br/>         VERO BEACH FL 32960</b> |   |  |



|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 <b>1802 32nd Ave.</b>  |  | 2a. Mailing Address<br>26 <b>P.O. Box 1274</b> |  | 3. Date Incorporated or Qualified<br><b>05/14/1998</b>   |  |
| Suite, Apt. #, etc.<br>22   |  | Suite, Apt. #, etc.<br>27                      |  | 4. FEI Number<br><b>59-3519797</b>   |  |
| City & State<br>23 <b>VERO BEACH, FL</b>  |  | City & State<br>28 <b>VERO BEACH, FL</b>       |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |  |
| Zip<br>24 <b>32960</b>  |  | Country<br>25 <b>INDIAN RIVER</b>              |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| Zip<br>29 <b>32961</b>  |  | Country<br>30 <b>INDIAN RIVER</b>              |  |  |  |
| 9. Name and Address of Current Registered Agent<br><b>GALLAGHER, BRIAN E<br/>         2109 14TH AVE<br/>         VERO BEACH FL 32960</b>  |  |  | 10. Name and Address of New Registered Agent<br>81 Name <b>GALLAGHER, BRIAN E.</b><br>82 Street Address (P.O. Box Numbers Not Acceptable)<br><b>1802 32nd Ave.</b><br>83 <b>VERO</b><br>84 City <b>VERO BEACH</b> <b>FL</b> 85 Zip Code <b>32960</b> |  |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.<br>SIGNATURE <i>Brian E. Gallagher</i> Pres. Treas. & Dir. <b>1-4-99</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |  |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998  |  |  |
| TITLE <b>D</b> <input type="checkbox"/> DELETE<br>NAME <b>GALLAGHER, BRIAN E</b><br>STREET ADDRESS <b>2109 14TH AVE</b><br>CITY-ST-ZIP <b>VERO BEACH FL 32960</b>   |  |  | 1.1 TITLE <b>P/T/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1.2 NAME <b>GALLAGHER, BRIAN E</b><br>1.3 STREET ADDRESS <b>1802 32nd Ave</b><br>1.4 CITY-ST-ZIP <b>VERO BEACH, FL 32960</b>       |  |  |
| TITLE <b>D</b> <input type="checkbox"/> DELETE<br>NAME <b>SIMON, SUELLYN</b><br>STREET ADDRESS <b>PO BOX 6711 N/A</b><br>CITY-ST-ZIP <b>VERO BEACH FL 32961</b>   |  |  | 2.1 TITLE <b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME <b>SAMON SUELLYN</b><br>2.3 STREET ADDRESS <b>1802 32nd Ave</b><br>2.4 CITY-ST-ZIP <b>VERO BEACH, FL 32960</b>                         |  |  |
| TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE<br>NAME <b>MYERS, MARY ANN</b><br>STREET ADDRESS <b>6325 6TH ST</b><br>CITY-ST-ZIP <b>VERO BEACH FL 32960</b>   |  |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>4.2 NAME <b>DECHIFFHAN, DONALD</b><br>4.3 STREET ADDRESS <b>7000 20th St Lot 827</b><br>4.4 CITY-ST-ZIP <b>VERO BEACH, FL 32966</b>                        |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>5.2 NAME <b>GOLD CRAIG W.</b><br>5.3 STREET ADDRESS <b>3825 INDIAN RIVER DR.</b><br>5.4 CITY-ST-ZIP <b>VERO BEACH, FL 32963</b>                            |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian E. Gallagher* **1-4-99 (561) 564-2141**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)