

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005653

FILED
Apr 04, 2005
Secretary of State

Entity Name: THE 7TH AVENUE RECOVERY CENTER, INC.

Current Principal Place of Business:

16 NE 4TH ST.
SUITE 100
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

16 NE 4TH ST.
SUITE 100
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 31-1693350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, MATHIS
16 NE 4 STREET, #100
FORT LAUDERDALE, FL 33301 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: MOORE, MATHIS
Address: 16 NE 4TH STREET, #100
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: CCD () Delete
Name: BLANTON, MITCHELL D
Address: 1779 LAUDERDALE MANOR DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD () Delete
Name: VAUGHN, CLARENCE
Address: 1617 NORTHWEST 7 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD () Delete
Name: ALEXANDER, OCTAVE
Address: 1139 ALABAMA AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MATHIS MOORE

PD

04/04/2005

Electronic Signature of Signing Officer or Director

Date