

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005653

FILED
Apr 16, 2008
Secretary of State

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

Current Principal Place of Business:

25 NW 7 AVENUE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

913 N.E. 4TH AVEUE
FORT LAUDERDALE, FL 33304

Current Mailing Address:

25 NW 7 AVENUE
FORT LAUDERDALE, FL 33311

New Mailing Address:

913 N.E. 4TH AVENUE
FORT LAUDERDALE, FL 33304

FEI Number: 31-1693350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MATHIS
25 NW 7 AVENUE
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

MOORE, MATHIS
10650 N.W. 30TH PLACE
BUILDING 8
SUNRISE, FL 33322 US

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: MATHIS MOORE

04/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, MATHIS
Address: 25 NW 7 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

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: VATURI, C. A.
Address: 1139 ALABAMA AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOORE, MATHIS
Address: 10650 N.W. 30TH PLACE
City-St-Zip: SUNRISE, FL 33322

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

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

Title: TD (X) Change () Addition
Name: CARTER, C. M.
Address: 531 N.E. 129TH STREET
City-St-Zip: MIAMI, FL 33161

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: MATHIS MOORE

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date