

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003132

**Entity Name:** RECOVERY EPICENTER FOUNDATION, INC.

**Current Principal Place of Business:**

316 S BETTY LN  
CLEARWATER, FL 33756

**Current Mailing Address:**

316 S BETTY LN  
CLEARWATER, FL 33756 US

**FEI Number:** 46-5272217

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RECOVERY EPICENTER FOUNDATION  
316 S BETTY LN  
CLEARWATER, FL 33756 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:** WILLIAM ATKINSON

03/25/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRPERSON OF THE BOARD  
Name HERMANN, LAUREN  
Address 110 ERIC CT  
City-State-Zip: OLDSMAR FL 34677

Title EXECUTIVE DIRECTOR, CEO  
Name ATKINSON, WILLIAM ROBERT IV  
Address 1611 SUNSET DRIVE  
City-State-Zip: CLEARWATER FL 33755

Title SECRETARY  
Name MEDLEY, CRYSTAL  
Address 8115 SAN BERNARDINO DR  
City-State-Zip: PORT RICHEY FL 34668

Title TREASURER  
Name COOK, CHRISTINE  
Address 316 S BETTY LN  
City-State-Zip: CLEARWATER FL 33756

*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:** WILLIAM ROBERT ATKINSON

EXECUTIVE DIRECTOR

03/25/2025

Electronic Signature of Signing Officer/Director Detail

Date