2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2019
Secretary of State
9259213331CC

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Entity Name: BRANCHES RECOVERY CENTERS, INC.

Current Principal Place of Business:

150 KENT RD
STE 1B
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

765 MEDINA AVE.
ST AUGUSTINE, FL 32086 US

FEI Number: 26-1119206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONNOR, AMY B
765 MEDINA AVENUE
ST AUGUSTINE, FL 32086 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: AMY B. CONNOR 06/12/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	COURTNEY, CHARLES MICHAEL
Address	827 W THOMPSON LN
City-State-Zip:	MURFREESBORO TN 37129

Title	DIRECTOR
Name	BEILER, JONAS
Address	835 HOUSTON GAP DRIVE 1298 RUSTIC TRAIL
City-State-Zip:	SALADO TX 76571

Title	DIRECTOR
Name	ROBY, CINDEE
Address	530 BRANDIES CIRCLE SUITE C
City-State-Zip:	MURFREESBORO TN 37128

Title	OTHER, BOOKKEEPER
Name	POLK, KELLY L
Address	1102 DOW ST
City-State-Zip:	MURFREESBORO TN 37130

Title	PASTOR
Name	CONNOR, AMY
Address	765 MEDINA AVE
City-State-Zip:	ST AUGUSTINE FL 32086

Title	DIRECTOR
Name	COURTNEY, DORIS
Address	827 THOMPSON LANE
City-State-Zip:	MURFREESBORO TN 37129

Title	SECRETARY
Name	PIERCE, CHONDA
Address	400 WARIOTO WAY 1007
City-State-Zip:	ASHLAND CITY TN 37015

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: KELLY L POLK BOOKKEEPER 06/12/2019

Electronic Signature of Signing Officer/Director Detail — Date