2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2016
Secretary of State
CC1156459987

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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 02/18/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	PASTOR
Name	COURTNEY, MICHAEL	Name	CONNOR, AMY
Address	827 W THOMPSON LN	Address	765 MEDINA AVE
City-State-Zip:	MURFREESBORO TN 37129	City-State-Zip:	ST AUGUSTINE FL 32086

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: AMY CONNOR AGENT 02/18/2016

Electronic Signature of Signing Officer/Director Detail — Date