

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003421

FILED
Apr 09, 2009
Secretary of State

Entity Name: AL-ANON FAMILY GROUPS FLORIDA SOUTH (AREA 10), INC.

Current Principal Place of Business:

1901 SW 27TH AVE.
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1901 SW 27TH AVE.
MIAMI, FL 33145

New Mailing Address:

FEI Number: 75-3187932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHAZAL, SAMIRA
1909 SW 27TH AVENUE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MAHONEY, ROBERT F
7777 GLADES ROAD
209
BOCA RATON, FL 33434 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: ROBERT F. MAHONEY

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARLEN, GEORGIA
Address: 7905 CITRUS PARK BLVD
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: LYSIAK, JULIETTE
Address: 10691 REGENT CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: VISIARO, DEBORAH
Address: 2697 SW FAIT ISLE RD
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEGMAN, LINDA
Address: 7658 SOLIMAR CIRCLE
City-St-Zip: BOCA RATON, FL 33433

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

Title: D (X) Change () Addition
Name: DAVIS, JENNIFER
Address: 4733 NORTH HEMINGWAY CIRCLE
City-St-Zip: MARGATE, FL 33063

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: JULIETTE LYSIAK

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date