## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N25401

(3)

AL-ANON INFORMATION SERVICE OF BROWARD CO., INC.										
Principal Place o	f Business	Mailing Addr	ess				f iddithat Big tide: Brite Brite debit deret	6:211 4:517 6:611 5:	er: BiBil B Bil	
1915 NE 45TH		1915 NE 45	ST							
SUITE 205		SUITE 205	DALE EL 2024	no						
FT LAUDERDALI US	E FL 33308	US US	DALE FL 3330	UIO			3. Date incorporated or Qualified 03/14/1988	3a. Date of La 02/16	/1995	
2. Principal Plac	e of Business	2a. Mailing Address 26 Suite, Apt. #, etc. 27					4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Suite Apt. #,	etc.						5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & St	ate				6. Election Campaign Financing		.00 May B	
23		28		T			Trust Fund Contribution	A	ded to Fees	
Zip	Country	Zip		Cou	ntry		8. This corporation has liability for in Florida Statutes	ntangible tax unde □ Yes □ No	rs. 199,032,	:,
24	25 9. Name and Address of Curren	29 Registered An	ent	30			10. Name and Address of New R			
	9, Name and Address of Curren	r uafisiaian wa			81	Name				
MORETTE, ANNE W						Ohan and A. I.	dress (P.O. Box Number is Not Acceptable)			
2120 NE 5					82	Street Add	Ress (F.O. Dox Humber is Not Acceptate			
	ERDALE FL 33308				83					
( ), MIGD					84	City		85	Zip Code	
					ļ.	,	oration submits this statement for the pu	FL	·	<del></del>
SIGNATURE _	of agent, or both, in the state of holin, and accept the obligations of. Sections, and accept the obligations of sections, specifically agent of the state of the section o	and title Tapplicable.			Ager	it signaturé requil	red when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CTORS IN 12	2
TITLE	DC OFFICERS AIN		DELETE	1.1 7	TLE	T		Char		
NAME	MORETTE, ANNE W	_	_	1.2 N	AME					
STREET ADDRESS	2120 NE 52 ST			1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 0	(TY - S	ST - ZIP		N Cha	nge 🔲 Ad	ddition
TITLE	DT		DELETE	2.1 T	ITLE			Cha	nge 🗀 Au	JUILION
NAME	HERMAN, DEBBY			221			ALT HOLER EN MUE	HIDA		
STREET ADDRESS	1651 NE 26 AVE					ADDRESS	1945 HIUSBORD MILE HILLSBORD BOH, FL	227/2		
CITY-ST-ZIP	POMPANO BEACH FL		DELETE	2_4 I		ST-ZIP	HILLS BOED DOM, FL	. <u>330₩</u> —	nge ☐ Ad	ddilion
TITLE	DC DANNA, WINNIE	L	Thereig	3.2 N						
NAME	2300 PAEK LN #205					T ADDRESS				
STREET ADDRESS	HOLLYWOOD FL					ST-ZIP				
CITY-ST-ZIP TITLE	D		DELETE	4.1 1				☐ Cha	nge 🔲 Ad	ddition
NAME	GRAHAM, VIRGINIA			4.2	NAME					
STREET ADDRESS	531 N OCEAN BLVD #1110			4.3 5	STREE	r address				
CITY-ST-ZIP	POMPANO BEACH FL					ST - ZIP			inga 🗖 🗛	ddition
TITLE	D	[	DELETE		ITLE	ļ		☐ Cha	ung≎ [∐ AU	GUICIUII
NAME	SWEENEY, FRAN				MAME					
STREET ADDRESS	1000 SW 4TH ST #119 FT LAUDERDALE FL					T ADDRESS				
CITY-ST-ZIP	TI LAUDERDALE FL	T	DELETE		TITLE	ST · ZIP		☐ Cha	inge 🔲 Ad	Addition
TITLE		<u>.</u>			NAME					
NAME STOCET LOODESS						T ADDRESS				
STREET ADDRESS				6.4	CITY	ST. 21B				
מול דם עדות !										
CITY-ST-ZIP 14. I do hereb	by certify that the information supplied	with this filing is	voluntarily fur	nished and	do b	es not qualif	y for the exemption stated in Section 11 urate and that my signature shall have th this report as required by Chapter 617,	9.07(3)(k), Florida \$ e same legal effec	Statutes. I fur Las if made i	irther under

4/9/96