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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25401 (3)
 1. Corporation Name
AL-ANON INFORMATION SERVICE OF BROWARD CO., INC.



Principal Place of Business 1815 NE 45TH STREET SUITE 205 FT LAUDERDALE FL 33308 US	Mailing Address 1915 NE 45 ST SUITE 205 FT LAUDERDALE FL 33308-5100 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 03/14/1988	3a. Date of Last Report 04/22/1996
4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent MORETTE, ANNE W 2120 NE 52ND ST FT. LAUDERDALE FL 33308	
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10. Name and Address of New Registered Agent 81 Name DEBBY HERMAN 82 Street Address (P.O. Box Number is Not Acceptable) 1045 HILLSBORO MILE # 17A 83 84 City HILLSBORO BCH FL 85 Zip Code 33062	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Debbi Herman* **DEBBY HERMAN** **4/14/97**
 Signature, typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE DC	☒ DELETE
NAME MORETTE, ANNE W	
STREET ADDRESS 2120 NE 52 ST	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE DT	☐ DELETE
NAME HERMAN, DEBBY	
STREET ADDRESS 1945 HILLSBORO MILE 17A	
CITY-ST-ZIP HILLSBORO BCH FL	
TITLE DC	☒ DELETE
NAME DANNA, WINNIE	
STREET ADDRESS 2300 PAEK LN #205	
CITY-ST-ZIP HOLLYWOOD FL	
TITLE D	☒ DELETE
NAME GRAHAM, VIRGINIA	
STREET ADDRESS 531 N OCEAN BLVD #1110	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE D	☒ DELETE
NAME SWEENEY, FRAN	
STREET ADDRESS 1000 SW 4TH ST #119	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DC	☐ Change ☒ Addition
1.2 NAME FORTUNE, HARRY	
1.3 STREET ADDRESS 2511 Woodside Drive	
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33312	
2.1 TITLE DT	☐ Change ☒ Addition
2.2 NAME SMETTERS, MELISSA	
2.3 STREET ADDRESS 6790 NW 14th CT	
2.4 CITY-ST-ZIP MARGATE, FL 33063	
3.1 TITLE DS	☒ Change ☐ Addition
3.2 NAME DEBBY HERMAN	
3.3 STREET ADDRESS 1045 HILLSBORO MILE # 17A	
3.4 CITY-ST-ZIP HILLSBORO BCH, FL 33062	
4.1 TITLE DC	☐ Change ☒ Addition
4.2 NAME MARY GISMERVIK	
4.3 STREET ADDRESS 111 N. POMPANO BCH BLVD # 1001	
4.4 CITY-ST-ZIP POMPANO BCH, FL 33062	
5.1 TITLE D	☐ Change ☒ Addition
5.2 NAME MULVEY, ELAINE	
5.3 STREET ADDRESS 1800 S. OCEAN BLVD. # 107	
5.4 CITY-ST-ZIP POMPANO BCH, FL 33062	
6.1 TITLE D	☐ Change ☒ Addition
6.2 NAME MILONE, JAN	
6.3 STREET ADDRESS 7872 NW. 34 PLACE	
6.4 CITY-ST-ZIP HOLLYWOOD, FL 33024	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13. If changed, or in an attachment with an address.

SIGNATURE: *Debbi Herman* **DEBBY HERMAN** **4/14/97**

CR2E037 (9/96)