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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25401**

1. Corporation Name

AL-ANON INFORMATION SERVICE OF BROWARD CO., INC.

530225 - 90088 - 43

Principal Place of Business	Mailing Address
1915 NE 45TH STREET SUITE 205 FT LAUDERDALE FL 33308 US	1915 NE 45 ST SUITE 205 FT LAUDERDALE FL 33308 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/14/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HERMAN, DEBBY
1045 HILLSBORO MILE
#17A
HILLSBORO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FORTUNE, HARRY		1.2 NAME		
STREET ADDRESS	2511 WOODSIDE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMETTERS, MELISSA		2.2 NAME		
STREET ADDRESS	8208 SW 12TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE FL 33068		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HERMAN, DEBBY		3.2 NAME		
STREET ADDRESS	1045 HILLSBORO MILE, #17A		3.3 STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GISMERVIK, MARY		4.2 NAME		
STREET ADDRESS	111 N. POMPANO BEACH BLVD., #1001		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MULVEY, ELAINE		5.2 NAME	MULVEY, ELAINE	
STREET ADDRESS	1800 S. OCEAN BLVD., #107		5.3 STREET ADDRESS	1537 E. HILLSBORO BLVD #139	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	DEERFIELD, FL 33441	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MILONE, JAN		6.2 NAME		
STREET ADDRESS	7872 NW 34 PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP		

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah F. Herman SIGNATURE REQUIRED DEBBY HERMAN 5/5/99 954-781-2235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)