1. Entity Name

DOCUMENT # N25401

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

Principal Place of Business Mailing Address 1915 NE 45 ST 1915 NE 45TH STREET SUITE 205 **\$UITE 205** FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address



Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Numbe	NOT APP	LICABLE		plied For t Applicable	
Zip	Country		Zip	Country		5. Certificate	of Status Desired	j 🗆	\$8.75 Add		
	6. Name a	nd Address of Current Re			7. Name and	Address of Nev	v Registered	Agent			
/					Name Muriel Stalker						
HERMAN, 1045 HILL #17A HILLSBOR	Street Address (P.O. Box Number is Not Acceptable) 3000 Rio Mar St., Apt. 209 City Fort Lauderdale FL 333304										
8. 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 Signature. Upped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	FILE N FEE IS S		, •	Trust Fund Contribution. L Added		May Be to Fees	1	Departmen		:	
10. OFFICERS AND DIRECTORS					A	DDITIONS/CH	ANGES TO OFFI	CERS AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	IKE 99TH AVE APT 612A BEACH FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCOMM 10520 BU	ON, MICHELLE ITONWOOD AVE OD FL-33026	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	_			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HERMAN, 1045 HILL		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300		lker ar St.,			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONAL 12155 NW	D, DEBBIE 31ST ST. BEACH FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEABOUT, 1260 SW		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, JOI 1640 W O		□ Delete 04	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

2/05/01 954 563-0930

Date

Daytime Phone #