2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2007
Secretary of State

DOCUMENT# N25401

Entity Name: AL-ANON INFORMATION SERVICE OF BROWARD CO., INC.

Current Principal Place of Business:

PRO AM BUILDING
SUITE 205
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

1915 NE 45 ST
SUITE 205
FT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, JENNIFER
4773 N. HEMMINGWAY CIRCLE
POMPANO BEACH, FL 33063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	ELROD, GAIL	
Address:	4116 NORTH OCEAN DRIVE, #700	
City-St-Zip:	LAUDERDALE BY THE SEA, FL 33308	
Title:	DT	( ) Delete
Name:	WALKDEN, JAMES D	
Address:	6146 NW 24 COURT	
City-St-Zip:	MARGATE, FL 33063	
Title:	D	( ) Delete
Name:	DAVIS, JENNIFER A	
Address:	4773 N. HEMMINGWAY CIRCLE	
City-St-Zip:	MARGATE, FL 33063	
Title:	D	( ) Delete
Name:	KAUFMAN, PATRICIA E	
Address:	4208 NW 73RD AVENUE	
City-St-Zip:	CORAL SPRINGS, FL 33065	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARYLOU ABRUZESE DT 02/10/2007

Electronic Signature of Signing Officer or Director — Date