2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
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:

RAKES, BECKY
875 N. ROCK ISLAND ROAD
MARGATE, FL 33063 US

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: BECKY RAKES 04/15/2009
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

Title: D (X) Delete
Name: ABRUZESE, MARYLOU
Address: 140 NE 19TH CT APT E 218
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: COLLETTE, KIM
Address: 1449 NE 57 COURT
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: T (X) Change ( ) Addition
Name: RAFF, HARVEY
Address: 6888 NW 110TH WAY
City-St-Zip: PARKLAND, FL 33076

Title: D (X) Change ( ) Addition
Name: VEST, LOUANNE
Address: 1369 NW 62ND WAY
City-St-Zip: MARGATE, FL 33063

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 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: KIM COLLETTE C 04/15/2009
Electronic Signature of Signing Officer or Director — Date