2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State
08-28-2003 90070 020 ****70.00

UUBR/3

DOCUMENT # N25401

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

Principal Place of Business	Mailing Address
PRO AM BUILDING SUITE 205 FT LAUDERDALE FL 33308 US	1915 NE 45 ST SUITE 205 FT LAUDERDALE FL 33308 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, JENNIFER 4773 N. HEMMINGWAY CIRCLE POMPANO BEACH FL 33063	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC COSTA, MIKE 102 NEWPORT F DEERFIELD BEACH FL 33442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC Patricia E Kaufman 4208 NW 73rd Ave Coral Springs, FL 33065	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCCOMMON, MICHELLE 10520 BUTTONWOOD AVE HOLLYWOOD FL 33026	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DT~~ D Conny Gilbert 1160 No. Federal Hwy Ft Lauderdale, FL 33304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JENNIFER 4773 N. HEMMINGWAY CIRCLE MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Margie Nagle 3850 Gait Ocean Dr Ft. Lauderdale, FL 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONALD, DEBBIE 12155 NW 31ST ST. POMPANO BEACH FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ana Ilsen 5550 NE 28th Av Ftlauderdale, FL 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEABOUT, JUDY 1260 SW 3RD CT #5 DEERFIELD BEACH FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jennifer Davis 4773 N. Hemmingway Circle Pompano Beach, FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERG, JOEL 1640 W OAKLAND PK BLVD #304 POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mike Costa 102 Newport F Deerfield Bch, FL 33442	☒ Change ☐ Addition

CR2E037 (4/03)

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.

SIGNATURE: SIGNATURE REQUIRED Patricia E Kaufman 8/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF PERSONAL OFFICER OR DIRECTOR Date Daytime Telephone Number