

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003421

**Entity Name:** AL-ANON FAMILY GROUPS FLORIDA SOUTH ( AREA 10 ), INC.

**FILED**  
**Jan 04, 2024**  
**Secretary of State**  
**8511628639CC**

**Current Principal Place of Business:**

49 N. FEDERAL HIGHWAY  
#175  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

P.O.BOX 955  
PORT SALERNO, FL 34992 US

**FEI Number: 75-3187932**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAHONEY, ROBERT F  
7777 GLADES ROAD  
STE. # 217  
BOCA RATON, FL 33434 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           HERRICK, MITCH  
Address        2819 SE 22ND AVE  
City-State-Zip: CAPE CORAL FL 33904

Title           DIRECTOR  
Name           BERNSTEIN, LAURA  
Address        320 NW 97TH AVENUE  
City-State-Zip: PLANTATION FL 33324

Title           DIRECTOR  
Name           CRAWFORD, SANDRA  
Address        6944 SE TWIN OAKS CIRCLE  
City-State-Zip: STUART FL 34997

*I hereby 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 all other like empowered.*

**SIGNATURE: LAURA BERNSTEIN**

**DIRECTOR**

**01/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date