#### 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. ALTERNATE DELEGATE 01/26/2014

### SIGNATURE: KATHLEEN DONNELL

Electronic Signature of Signing Officer/Director Detail

Title	D	Title	D
Name	DAVIS, JENNIFER	Name	DONNELL, KATHLEEN
Address	4773 N. HEMINGWAY CIRCLE	Address	4113 NE SKYLINE DR.
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	JENSEN BEACH FL 34957
Title	D		
Name	RAKES, REBECCA		
Address	875 N. ROCK ISLAND RD.		

### 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

**Current Principal Place of Business:** 18520 NW 67 AVE. 172 MIAMI, FL 33015

### **Current Mailing Address:**

DOCUMENT# N0500003421

18520 NW 67 AVE. 172 MIAMI, FL 33015

#### FEI Number: 75-3187932

## Name and Address of Current Registered Agent:

MAHONEY, ROBERT F 7777 GLADES ROAD 209 BOCA RATON, FL 33434 US

**Officer/Director Detail :** 

City-State-Zip: MARGATE FL 33063

# 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Certificate of Status Desired: No

FILED Jan 26, 2014 Secretary of State CC7397610116

Date

Date