FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 PM 9:14

DOCUMENT # **819950** **(7)**

1. Corporation Name

RECOVERY INCORPORATED, THE ASSOC. OF NERVOUS AND FORMER MENTAL PATIENTS

Principal Place of Business	Mailing Address
802 N. DEARBORN ST CHICAGO IL 60610	802 N. DEARBORN ST CHICAGO IL 60610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1966
3a. Date of Last Report: 03/11/1994
4. FEI Number: 36-2041667 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

9. Name and Address of Current Registered Agent

WACHENDORF, GEORGE
754 GULF LIFE TOWER, 1301 GULF LIFE DR
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	CASEY, HAL	12 NAME	HAL CASEY	
STREET ADDRESS	45 BURNET STREET	13 STREET ADDRESS	45 BURNET STREET	
CITY-ST-ZIP	MAPLEWOOD NJ	14 CITY-ST-ZIP	MAPLEWOOD, NJ	
TITLE	D	21 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	COX, ELDON	22 NAME	ELDON COX	
STREET ADDRESS	3647 S. LAURELCREST	23 STREET ADDRESS	3647 S. LAURELCREST	
CITY-ST-ZIP	SALT LAKE CITY UT	24 CITY-ST-ZIP	SALT LAKE CITY, UT	
TITLE	D	31 TITLE	DIRECTOR/SECRETARY	☒ Change ☐ Addition
NAME	BARTLETT, DAVID	32 NAME	DAVE BARTLETT	
STREET ADDRESS	7592 HIGHLAND OAKS DR.	33 STREET ADDRESS	7592 HIGHLAND OAKS DR.	
CITY-ST-ZIP	PLEASANTON CA	34 CITY-ST-ZIP	PLEASANTON, CA	
TITLE	VP	41 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MALOWANIEC, GEORGE	42 NAME	GEORGE MALOWANIEC	
STREET ADDRESS	3246 FLANAGAN CRESCENT	43 STREET ADDRESS	3246 FLANAGAN CRESCENT	
CITY-ST-ZIP	MISSISSAUGA ON	44 CITY-ST-ZIP	MISSISSAUGA, ONT. CANADA	
TITLE	P	51 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	CELINDA JUNGHEIM	52 NAME	JOAN NOBILING	
STREET ADDRESS	13219-G FIJI WAY	53 STREET ADDRESS	5 DIXON WOODS	
CITY-ST-ZIP	MARINA DEL REY, CA 90292	54 CITY-ST-ZIP	HONEOYE FALLS, NY 14472	
TITLE	A/S	61 TITLE	ASSISTANT TREASURER	X ☐ Change ☐ Addition
NAME	SHIRLEY SACHS	62 NAME	RUTH ANN LEE	
STREET ADDRESS	802 N. DEARBORN	63 STREET ADDRESS	802 N. DEARBORN	
CITY-ST-ZIP	CHICAGO, IL 60610	64 CITY-ST-ZIP	CHICAGO, IL 60610	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Ann Lee RUTH ANN LEE/ASST. TREASURER 4/18/95 (312)337-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074894

819052

RECOVERY, INC.

1994 - 1995 DIRECTORY OF OFFICERS

OFFICERS	ADDRESS
PRESIDENT	
George Malowaniec (905) 276-2237 (Phone and Fax)	3246 Flanagan Crescent Mississauga, Ontario Canada L5C 2M5
1ST VICE PRESIDENT	
Joan Nobiling (716) 334-7444	5 Dixon Woods Honeoye Falls, NY 14472
2ND VICE PRESIDENT	
Hal Casey (201) 762-0764	45 Burnet Street Maplewood, NJ 07040
SECRETARY	
Dave Bartlett (510) 846-0361	7592 Highland Oaks Dr. Pleasanton, CA 94588
TREASURER	
Floretta Morris (713) 468-3459	1636 Ronson Houston, TX 77055-3222
ASSISTANT SECRETARY	
Shirley Sachs (312) 525-3575	3500 N. Lake Shore Dr. #5A Chicago, IL 60657
ASSISTANT TREASURER	
Ruth Ann Lee (312) 280-9056	165 W. Schiller Chicago, IL 60610

819952

BOARD OF DIRECTORS, 1994 - 1995

RECOVERY, INC.

802 N. Dearborn St., Chicago, IL 60610 (312) 337-5661 FAX 337-5756

*HAL CASEY	45 BURNET STREET MAPLEWOOD, N.J. 07040	(201) 762-0764
ELDON COX	3647 S. LAURELCREST SALT LAKE CITY, UT 84109	(801) 277-7579
*DOLORES GREGORY	R.D. 2 DEER STREET MOHEGAN LAKE, N.Y. 10547	(914) 245-1850
EMERY JOHNSON	1130 N. OLIVE SOUTH BEND, IN 46628	(219) 232-2661
DOROTHY KERCHNER	5898 OMEARA PLACE CINCINNATI, OHIO	(513) 531-3793
LANA MACKELLAR	270 TIMBERBANK BL. #49 SCARBOROUGH, ONTARIO CANADA M1W 2M1	(416) 498-1894
*GEORGE MALOWANIEC	3246 FLANNAGAN CRESCENT MISSISSAUGA, ONTARIO CANADA L5C 2M5	(905) 276-2237
*JOAN NOBILING	5 DIXON WOODS HONEOYE FALLS, NY 14472	(716) 334-7444
*SUE SCULLY	22160 PALMS WAY #204 BOCA RATON, FL 33433	(407) 367-0988
ROSE VANSICKLE	4701 DRAPER DR. RALEIGH, NC 27604	(919) 954-9469
BETTY WHELAN	42 RAYMOND STREET SOUTH CIRCULAR ROAD DUBLIN 8, IRELAND	011-353-1-4533-153
GEORJEAN WILKERSON	6731 N. TYLER PORTLAND, OR 97203	(503) 286-9246

* Executive Committee