# FILE NOW: FILING FEE IS $61.25

5/1/96

1-3

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

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<br>CHICAGO IL 60610 | 802 N. DEARBORN ST<br>CHICAGO IL 60610 |

3. Date Incorporated or Qualified: **10/11/1966**

3a. Date of Last Report: **06/12/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**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 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CASEY, HAL<br>45 BURNET STREET<br>MAPLEWOOD NJ | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COX, ELDON<br>3647 S. LAURELCREST<br>SALT LAKE CITY UT | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>BARTLETT, DAVID<br>7592 HIGHLAND OAKS DR.<br>PLEASANTON CA | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | DIRECTOR | XX ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MALOWANIEC, GEORGE<br>3246 FLANAGAN CRESCENT<br>MISSISSAUGA ON | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | PRESIDENT | XX ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>NOBILING, JOAN<br>5 DIXON WOODS<br>HONEOYE FALLS NY | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | DIRECTOR | XX ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT<br>LEE, RUTH A<br>802 N DEARBORN<br>CHICAGO IL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (12/95)

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 4/15/96 (312) 337-5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/9950 2-3

# RECOVERY, INC.

## 1995 - 1996 DIRECTORY OF OFFICERS

| OFFICERS | ADDRESS |
|---|---|
| **PRESIDENT** | |
| George Malowaniec<br>(905) 276-2237 (Phone and Fax) | 3246 Flanagan Crescent<br>Mississauga, Ontario<br>Canada L5C 2M5 |
| **1ST VICE PRESIDENT** | |
| Dolores Gregory<br>(914) 245-1850 | R.D.2 Deer Street<br>Mohegan Lake, NY 10547 |
| **2ND VICE PRESIDENT** | |
| Rose VanSickle<br>(919) 954-9469 | 4701 Draper Drive<br>Raleigh, NC 27604 |
| **SECRETARY** | |
| Emery Johnson<br>(219) 232-2661 | 1130 N. Olive<br>South Bend, IN 46628 |
| **TREASURER** | |
| Marion Zukoff<br>(718) 981-2503 | 52 Claradon Lane<br>Staten Island, NY 10306 |
| **ASSISTANT SECRETARY** | |
| Shirley Sachs<br>(312) 525-3575 | 3500 N. Lake Shore Dr. #5A<br>Chicago, IL 60657 |
| **ASSISTANT TREASURER** | |
| Ruth Ann Lee<br>(312) 280-9056 | 165 W. Schiller<br>Chicago, IL 60610 |

# BOARD OF DIRECTORS, 1995 - 1996

## RECOVERY, INC.

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

| | | |
|---|---|---|
| *HAL CASEY | 45 BURNET STREET<br>MAPLEWOOD, N.J. 07040 | (201) 762-0764 |
| ELDON COX | 3647 S. LAURELCREST<br>SALT LAKE CITY, UT 84109 | (801) 277-7579 |
| *DOLORES GREGORY | R.D. 2 DEER STREET<br>MOHEGAN LAKE, N.Y. 10547 | (914) 245-1850 |
| DOROTHY KERCHNER | 5898 OMEARA PLACE<br>CINCINNATI, OHIO 45213 | (513) 531-3793 |
| LAURETTA LUCIEN | 9025 DeKOVEN DR.<br>TACOMA, WA 98499 | (206) 588-0125 |
| LANA MACKELLAR | 270 TIMBERBANK BL. #49<br>SCARBOROUGH, ONTARIO<br>CANADA M1W 2M1 | (416) 498-1894 |
| *GEORGE MALOWANIEC | 3246 FLANAGAN CRESCENT<br>MISSISSAUGA, ONTARIO<br>CANADA L5C 2M5 | (905) 276-2237 |
| JOAN NOBILING | 5 DIXON WOODS<br>HONEOYE FALLS, NY 14472 | (716) 334-7444 |
| *SUE SCULLY | 22160 PALMS WAY #204<br>BOCA RATON, FL 33433 | (407) 367-0988 |
| *ROSE VANSICKLE | 4701 DRAPER DR.<br>RALEIGH, NC 27604 | (919) 954-9469 |
| BETTY WHELAN | 5 SHELTON GARDENS<br>TERENURE<br>DUBLIN 12, IRELAND | 011-353-1-4533-153 |
| GEORJEAN WILKERSON | 6731 N. TYLER<br>PORTLAND, OR 97203 | (503) 286-9246 |

* Executive Committee