FILE NOW: FILING FEE IS $61.25

FILED
Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 CHICAGO IL 60610	802 N. DEARBORN ST CHICAGO IL 60610

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

4. FEI Number: 36-2041667 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 CASEY, HAL 45 BURNET STREET MAPLEWOOD NJ	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT LAURETTA LUCIEN 9025 DEKOVEN DRIVE TACOMA, WA 98499	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, ELDON 3647 S. LAURELCREST SALT LAKE CITY UT	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Eldon Cox 3647 s. laurelcrest Salt Lake City, Ut 84109	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTLETT, DAVID 7592 HIGHLAND OAKS DR. PLEASANTON CA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director David Bartlett 7592 Highland Oaks Dr. Pleasanton,CA	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VANSICKLE, ROSE 4701 DRAPER DR RALEIGH NC	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR Rose Vansickle 4701 Draper Dr. Raleigh, NC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCULLY, SUE 22160 PALMS WAY #204 BOCA RATON FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR TOM RYAN N/A PO Box 421 PECK SLIP STATION, NY 10272	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT LEE, RUTH A 802 N DEARBORN CHICAGO IL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Asst. Treasurer R. Ann Lee 802 N. Dearborn Chicago, Illinois 60610	☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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: [signature] RUTH ANN LEE ASST. TREASURER (312)337-5661

RECOVERY, INC.

1997 - 1998 DIRECTORY OF OFFICERS

OFFICERS	ADDRESS
PRESIDENT	
Lauretta Lucien (253) 588-0125	9025 DeKoven Drive Tacoma, WA 98499
1ST VICE PRESIDENT	
Lana MacKellar (416) 498-1894	270 Timberbank Bl., #49 Scarborough, Ontario Canada M1W 2M1
2nd VICE PRESIDENT	
Georjean Wilkerson (503) 286-9246	6731 N. Tyler Portland, OR 97203
SECRETARY	
Betty Lichtenstein (301) 871-1621	4509 Woodlark Place Rockville, MD 20853
TREASURER	
Floretta Morris (713) 468-3459	1634 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

BOARD OF DIRECTORS, 1997 - 1998
RECOVERY, INC.

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

DAVE BARTLETT	2504 WALNUT GROVE WAY MODESTO, CA 95355	(209) 551-3141
*ELDON COX	3647 S. LAURELCREST SALT LAKE CITY, UT 84109	(801) 277-7579
*DOROTHY KERCHNER	5898 OMEARA PLACE CINCINNATI, OH 45213	(513) 531-3793
NORMA LEVORSON	1627 SUNSET STREET ALBERT LEA, MN 56007	(507) 373-9094
*LAURETTA LUCIEN	9025 DEKOVEN DRIVE TACOMA, WA 98499	(253) 588-0125
*LANA MACKELLAR	270 TIMBERBANK BLVD. #49 SCARBOROUGH, ONTARIO CANADA M1W 2M1	(416) 498-1894
GEORGE MALOWANIEC	3246 FLANAGAN CRESCENT MISSISSAUGA, ONTARIO CANADA L5C 2M5	(905) 276-2237
TOM RYAN	P.O. BOX 421 PECK SLIP STATION, NY 10272-0421	(212) 676-7067 (off) (212) 475-6006 (hm)
MARILYN SCHICKER	39 BOWEN ROAD CHURCHVILLE, NY 14428	(716) 889-8758
ROSE VANSICKLE	4701 DRAPER DRIVE RALEIGH, NC 27616	(919) 954-9469
*GEORJEAN WILKERSON	6731 N. TYLER PORTLAND, OR 97203	(503) 286-9246
MARION ZUKOFF	52 CLARADON LANE STATEN ISLAND, NY 10305	(718) 981-2503

* Executive Committee