FILE NOW: FILING FEE IS $61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90011 029 ****61.25

081574

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

371204 - 90011 - 29

DOCUMENT # 819950

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/11/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-2041667 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LUCIEN, LAURETTA		1.2 NAME		
STREET ADDRESS	9025 DEKOVEN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA 98499		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COX, ELDON		2.2 NAME		
STREET ADDRESS	3647 S. LAURELCREST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84109		2. 4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	BARTLETT, DAVID		3.2 NAME	HAL CASEY	
STREET ADDRESS	7592 HIGHLAND OAKS DR.		3.3 STREET ADDRESS	45 BUTLET	
CITY-ST-ZIP	PLEASANTON CA		3.4. CITY-ST-ZIP	MAPLEWOOD, NJ 07040	
TITLE	D	☒ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	VANSICKLE, ROSE		4. 2 NAME	JOAN ELRD	
STREET ADDRESS	4701 DRAPER DR		4.3 STREET ADDRESS	3075 PETERS WAY	
CITY-ST-ZIP	RALEIGH NC		4.4 CITY-ST-ZIP	SAN DIEGO, CA 92117	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, TOM		5.2 NAME		
STREET ADDRESS	PO BOX 421 N/A/		5.3 STREET ADDRESS		
CITY-ST-ZIP	PECK SLIP STATION NY 10272		5.4 CITY-ST-ZIP		
TITLE	AT	☒ DELETE	6.1 TITLE	ASS'T. SEC'Y.	☐ Change ☐ Addition
NAME	LEE, R. ABB		6.2 NAME	SHIRLEY SACHS	
STREET ADDRESS	802 N DEARBORN		6.3 STREET ADDRESS	802 N. DEARBORN	
CITY-ST-ZIP	CHICAGO IL 60610		6.4 CITY-ST-ZIP	CHICAGO, IL. 60610	

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, with all other like empowered.

SIGNATURE: [signature] RUTH ANN LEE 3-8-99 (312) 337-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

371204-90011-29
819950

RECOVERY, INC.
SCHEDULE OF BOARD MEMBERS, OFFICERS, COMMITTEE & STAFF
MAY 1998 - MAY 1999

MEMBERS OF THE BOARD OF DIRECTORS

DIRECTORS		TO SERVE FROM
Jan Elko	San Diego, CA	1998 - 1999
Norma Levorson	Albert Lea, MN	1997 - 1999
*Georgean Wilkerson	Portland, OR	1996 - 1999
Marion Zukoff	Staten Island, NY	1996 - 1999
*Dorothy Kerchner	Cincinnati, OH	1997 - 2000
Robert MacIntyre	Columbia Station, OH	1998 - 2000
*Tom Ryan	Peck Slip Station NY, NY	1997 - 2000
*Marilyn Schicker	Brockport, NY	1997 - 2000
Hal Casey	Maplewood, NJ	1998 - 2001
Jean Keogh	South Wales, UK	1998 - 2001
*Lauretta Lucien	Lakewood, WA	1998 - 2001
Floretta Morris	Houston, TX	1998 - 2001

*Members of the Executive Committee

ADVISORY COMMITTEE MEMBERS

Phil Crane	Bloomington, Indiana	Life Member
Betty Keniston	San Diego, California	Life Member
Joan Rice	Sacramento, California	1998 - 1999
Treasure Rice	Green Valley, Arizona	Life Member
Mary Jane Spudeas	Elmhurst, Illinois	Life Member

OFFICERS

Lauretta Lucien	President	1998 - 1999
Georgean Wilkerson	1st Vice President	1998 - 1999
Tom Ryan	2nd Vice President	1998 - 1999
Eldon Cox	Treasurer	1998 - 1999
Lana Mackellar	Secretary	1998 - 1999
Shirley Sachs	Assistant Secretary	1998 - 1999

STAFF

William Dunkin	Shipping Clerk
Sandra Glenn	Secretary
Vivian Redfield	Accounts Receivable Clerk
Shirley Sachs	Executive Director
Christine Watson	Receptionist

RECOVERY, INC.

371204-90011-29
819950

1998 - 1999 DIRECTORY OF OFFICERS

OFFICERS	ADDRESS
PRESIDENT	
Lauretta Lucien (253) 588-0125	9025 DeKoven Drive Lakewood, WA 98499
1ST VICE PRESIDENT	
Georjean Wilkerson (503) 286-9246	6731 N. Tyler Portland, OR 97203
2nd VICE PRESIDENT	
Tom Ryan (212) 475-6006 (212) 252-3467 (wk)	P.O. Box 421 Peck Slip Station NY, NY 10272
SECRETARY	
Lana MacKellar (905) 885-5984	66 Wellington Street Port Hope, Ontario Canada L1A 4H7
TREASURER	
Eldon Cox (801) 277-7579	3647 S. Laurelcrest Salt Lake City, UT 84109
ASSISTANT SECRETARY	
Shirley Sachs (773) 525-3575	3500 N. Lake Shore Dr., #5A Chicago, IL 60657