

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819950

FILED
Jan 03, 2007
Secretary of State

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

Current Principal Place of Business:

802 N. DEARBORN ST
CHICAGO, IL 60610

New Principal Place of Business:

Current Mailing Address:

802 N. DEARBORN ST
CHICAGO, IL 60610

New Mailing Address:

FEI Number: 36-2041667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REETZ, MARY K
7509 LOVELY LN
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACINTYRE, ROBERT
Address: 11986 JAQUAY ROAD
City-St-Zip: COLUMBIA STATION, OH 44028

Title: D () Delete
Name: COLLIER, GARY
Address: 1278 CALLA LANE
City-St-Zip: CHICO, CA 95926

Title: D () Delete
Name: REYNOLDS, RUTH
Address: 90 KENMORE DRIVE
City-St-Zip: LONGMEADOW, MA 01106

Title: D () Delete
Name: JUNGHEIM, CELINDA
Address: 13219 G FIJI WAY
City-St-Zip: MARINA DEL REY, CA 90292

Title: AS () Delete
Name: GARCIA, KATHLEEN
Address: 802 N DEARBORN
City-St-Zip: CHICAGO, IL 60610

Title: AT () Delete
Name: GLENN, SANDRA
Address: 802 N DEARBORN
City-St-Zip: CHICAGO, IL 60610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDRA GLENN

AT

01/03/2007

Electronic Signature of Signing Officer or Director

Date