2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State
01-14-2003 90055 002 ****61.25

DOCUMENT # 819950

1. Entity 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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REETZ, MARY K
7509 LOVELY LN
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHICKER, MARILYN 2519 KENDALL ROAD KENDALL NY 14476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, ELDON 3647 S. LAURELCREST SALT LAKE CITY UT 84109	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BOB DEY 1730 CAMINO PALMERO ST., #4 LOS ANGELES, CA 90046 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASEY, HAL 45 BURNET ST MAPLEWOOD NJ 07040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYAN, TOM 4 STUYVESANT OVAL # 12C NEW YORK NY 10009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SACHS, SHIRLEY 802 N DEARBORN CHICAGO IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT GLEEN, SANDRA 802 N DEARBORN CHICAGO IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GLENN, SANDRA XX Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ASSISTANT TREASURER 1/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(312) 1337-5661

Attachment # 819950
30008649

RECOVERY, INC.

2002- 2003 DIRECTORY OF OFFICERS

OFFICERS	ADDRESS
PRESIDENT **Marilyn Schicker** (585) 659-9937 (Home) (585) 752-4850 (Cell phone) (585) 659-9927 (Fax) (716) 242-7002 (Wk) (716) 473-8856 (Wk/Fax)	2519 Kendall Road Kendall, NY 14476 (e-mail)marilynschicker@eznet.net
1ST VICE PRESIDENT **Hal Casey** (973) 762-0764(Home/Fax)	45 Burnet Street Maplewood, NJ 07040
2nd VICE PRESIDENT **Cliff Brown** (310) 391-8075 9661 295-8338 (Wk) (661) 295-8799 (Wk/Fax)	3905 Inglewood Ave. #104 Los Angeles, CA 90066 (e-mail)cliffrbrown@aol.com
SECRETARY **Mary Gillen** (402) 691-0449 (Home)	15865 Farnam Street Omaha, NE 68118 (e-mail)dgillen@tconl.com
TREASURER **Robert MacIntyre** (440) 236-8841 (Home/Fax)	11986 Jaquay Road Columbia Station, OH 44028
ASSISTANT TREASURER **Sandra Glenn** (312) 337-5661(Office) (773) 483-0972	50 W. 77th Place Chicago, IL 60620 (e-mail)sandra@recovery-inc.org
ASSISTANT SECRETARY **Shirley Sachs** (773) 525-3575 (312) 337-5661 (Office)	3500 N. Lake Shore Dr., #5A Chicago, IL 60657 (e-mail)shirley@recovery-inc.org