

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009825

FILED
Sep 17, 2009
Secretary of State

Entity Name: RECOVERY FUND INC.

Current Principal Place of Business:

646 BROADOAK LOOP
LAKE FOREST, FL 32771

New Principal Place of Business:

37 N ORLANDO AVENUE
500
ORLANDO, FL 32801

Current Mailing Address:

646 BROADOAK LOOP
LAKE FOREST, FL 32771

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOMINIQUE A BEHRENS P.A.
646 BROADOAK LOOP
LAKE FOREST, FL 32771 US

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: BEHRENS, DOMINIQUE A
Address: 646 BROADOAK LOOP
City-St-Zip: LAKE FOREST, FL 32771

Title: VP () Delete
Name: MORGAN, TIM
Address: 169 W BROADWAY STREET
City-St-Zip: OVIEDO, FL 32765

Title: COO () Delete
Name: PISANO, LYDIA
Address: 4446 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MGR (X) Change () Addition
Name: MORGAN, TIM
Address: 169 W BROADWAY STREET
City-St-Zip: OVIEDO, FL 32765

Title: SECR (X) Change () Addition
Name: PISANO, LYDIA
Address: 4446 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify 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: DOMINIQUE A BEHRENS

P

09/17/2009

Electronic Signature of Signing Officer or Director

Date