

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N28203 (0)

1. Corporation Name

AL-ANON INFORMATION SERVICE OF CENTRAL FLORIDA,  
INC.



Principal Place of Business

314 1/2 SO BUMBY AVE  
ORLANDO FL 32803  
US

Mailing Address

314 1/2 SO BUMBY AVE  
ORLANDO FL 32803  
US

3. Date Incorporated or Qualified

09/06/1988

3a. Date of Last Report

11/21/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3144094

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MILLER, LOIS  
7234 DELLA DRIVE  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81

Name

Michael Brady

82

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

3006 Pigeon Hawk Ct.

83

84

City

Orlando

FL

85

Zip Code

32829

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

Michael S. Brady

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-18-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

GUNDLACH, RALPH H  
8307 TUCKAHOE CT.  
ORLANDO FL 32829

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD

MILLER, LOIS  
7234 DELLA DRIVE  
ORLANDO FL 32819

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

BRADY, MICHAEL  
3006 PIGEON HAWK CT.  
ORLANDO FL 32829

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

M

FIELDER, LYN  
1329 PORTLAND AVE.  
ORLANDO FL 32803

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.5 TITLE

☐ Change

☐ Addition

6.6 NAME

6.7 STREET ADDRESS

6.8 CITY - ST - ZIP

6.9 TITLE

☐ Change

☐ Addition

6.10 NAME

6.11 STREET ADDRESS

6.12 CITY - ST - ZIP

6.13 TITLE

☐ Change

☐ Addition

6.14 NAME

6.15 STREET ADDRESS

6.16 CITY - ST - ZIP

6.17 TITLE

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael S. Brady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-18-96

CR2E037 (3/96)