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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32803-6274
US



3. Date Incorporated or Qualified
09/06/1988

3a. Date of Last Report
06/27/1996

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

BRADY, MICHAEL
3006 PIGEON HAWK CT
ORLANDO FL 32819

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME GUNDLACH, RALPH H
STREET ADDRESS 8307 TUCKAHOE CT.
CITY-ST-ZIP ORLANDO FL 32829 ☐ DELETE

TITLE CD
NAME MILLER, LOIS
STREET ADDRESS 7234 DELLA DRIVE
CITY-ST-ZIP ORLANDO FL 32819 ☐ DELETE

TITLE VD
NAME BRADY, MICHAEL
STREET ADDRESS 3006 PIGEON HAWK CT.
CITY-ST-ZIP ORLANDO FL 32829 ☐ DELETE

TITLE M
NAME FIELDER, LYN
STREET ADDRESS 1329 PORTLAND AVE.
CITY-ST-ZIP ORLANDO FL 32803 ☒ 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 D ☒ Change ☐ Addition
1.2 NAME Gundlach, Ralph H
1.3 STREET ADDRESS 8307 Tuckahoe Ct
1.4 CITY-ST-ZIP Orlando, Florida 32829

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Miller, Lois
2.3 STREET ADDRESS 7234 Della Drive
2.4 CITY-ST-ZIP Orlando, Florida 32819

3.1 TITLE CD ☐ Change ☐ Addition
3.2 NAME Brady, Michael
3.3 STREET ADDRESS 3006 Pigeon Hawk Ct.
3.4 CITY-ST-ZIP Orlando, Florida 32829

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Cennamo, Cassine Mac
4.3 STREET ADDRESS 9927 Lanierwood St
4.4 CITY-ST-ZIP Orlando, Florida 32817

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

14. I do 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.

SIGNATURE: Cassine M. Cennamo

2/8/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016220

CR2E037 (9/96)