

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32809 US	Mailing Address 314 1/2 SO BUMBY AVE ORLANDO FL 32809 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/06/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3144094	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BRADY, MICHAEL
3006 PIGEON HAWK CT
ORLANDO FL 32829**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 *Casine Cennamo* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D GUNDLACH, RALPH H
STREET ADDRESS	8307 TUCKAHOE CT.
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MILLER, LOIS
STREET ADDRESS	7234 DELLA DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	CD BRADY, MICHAEL
STREET ADDRESS	3006 PIGEON HAWK CT.
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD CENNAMO, CASINE MAE
STREET ADDRESS	9927 LANCEWOOD ST
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C Gundlach Ralph H
1.3 STREET ADDRESS	8307 Tuckahoe Ct
1.4 CITY - ST - ZIP	Orlando, FL 32829
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Brady, Michael
3.3 STREET ADDRESS	3006 Pigeon Hawk Ct
3.4 CITY - ST - ZIP	Orlando, FL 32829
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S Meyers, Martha
5.3 STREET ADDRESS	4914 Samoa Circle
5.4 CITY - ST - ZIP	Orlando, FL 32808
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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: *Casine Cennamo* *Casine Cennamo* 2/5/98 (407) 292-3583

CR2E037 (10/97)