08301999-90008-020-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 29 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N28203

1. Corporation Name

AL-ANON INFORMATION SERVICE OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
314 1/2 SO BUMBY AVE ORLANDO FL 32803 US	314 1/2 SO BUMBY AVE ORLANDO FL 32803 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/06/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3144094 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: RALPH H. GUNDLACH
82 Street Address (P.O. Box Number is Not Acceptable): 8307 TUCKAHOE 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: Ralph H. Gundlach Trustee RALPH H. GUNDLACH 8/24/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	CR	☒ Change ☒ Addition
NAME	GUNDLACH, RALPH H		1.2 NAME	GERALDINE RILEY	
STREET ADDRESS	8307 TUCKAHOE CT.		1.3 STREET ADDRESS	369 BATWEST NEIGHBORS CR	
CITY-ST-ZIP	ORLANDO FL 32829		1.4 CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	☒ DELETE	2.1 TITLE	TD	☒ Change ☒ Addition
NAME	MILLER, LOIS		2.2 NAME	LAVEN AMONE	
STREET ADDRESS	7234 DELLA DRIVE		2.3 STREET ADDRESS	6658 RIVO ALTO	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	CD	☒ DELETE	3.1 TITLE	MD	☒ Change ☐ Addition
NAME	BRADY, MICHAEL		3.2 NAME	MARTHA MEYERS	
STREET ADDRESS	3006 PIGEON HAWK CT.		3.3 STREET ADDRESS	4914 SAMOA CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32829		3.4 CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	TD	☒ DELETE	4.1 TITLE	TR	☒ Change ☐ Addition
NAME	CENNAMO, CASINE MAE		4.2 NAME	RALPH H. GUNDLACH	
STREET ADDRESS	9927 LANCEWOOD ST		4.3 STREET ADDRESS	8307 TUCKAHOE CT	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO, FL 32829	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MEYERS, MARTHA		5.2 NAME		
STREET ADDRESS	4914 SAMOA CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Ralph H. Gundlach TR RALPH H. GUNDLACH 8/24/99 407-647-1039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)