

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90064 015 ****70.00

DOCUMENT # N28203

1. Entity 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

DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3144094

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANE, DARLA
1408 GRANDVIEW BLVD
KISSIMMEE, FL 34744

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
RISPOLI, GRACE E
5136 STRATE MEYER DRIVE
ORLANDO, FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
BURTON, CAROLYN
333 MADEIRA AVE
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SANE, DARLA
1408 GRANDVIEW BLVD
KISSIMMEE, FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Grace E. Rispoli Grace E. Rispoli 1/26/04 407 859-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #