


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90002 029 \*\*\*\*61.25

<b>DOCUMENT # N28203</b> 1. Entity Name AL-ANON INFORMATION SERVICE OF CENTRAL FLORIDA, INC.					
Principal Place of Business 320 SO BUMBY AVE SUITE 6 ORLANDO, FL 32803 US			Mailing Address 320 SO BUMBY AVE SUITE 6 ORLANDO, FL 32803 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3144094	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SANE, DARLA 1408 GRANDVIEW BLVD KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name <u>Linda Shown</u> Street Address (P.O. Box Number is Not Acceptable) <u>2407-D SOUTH BUMBY AVE</u> City <u>ORLANDO</u> FL Zip Code <u>32806</u>	
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 <u>Linda Shown</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER, LOIS 7234 DELLA DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS LOUIS MILLER (LOIS) 7234 DELLA DRIVE ORLANDO FL 32819
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO C SANE, DARLA 1408 GRANDVIEW BLVD. KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS DARLA SANE 1408 GRANDVIEW BLVD KISSIMMEE FL 34744
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUCKEY, MARIE 1214 GREENWOOD ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS MARIE STUCKEY 1214 GREENWOOD ORLANDO FL 32801
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. MEYERS, MARTHA 4914 SAMOA CIRCLE ORLANDO, FL 32808	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS MARTHA MEYERS 4914 SAMOA CIRCLE ORLANDO FL 32808
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Linda Shown 2407-D SOUTH BUMBY AVE ORLANDO FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS Linda Shown 2407-D SOUTH BUMBY AVE ORLANDO FL 32806
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Linda Shown 2407-D SOUTH BUMBY AVE ORLANDO FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS Linda Shown 2407-D SOUTH BUMBY AVE ORLANDO FL 32806
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Linda Shown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/15/06 <small>Date</small>	
				407-896-2949 <small>Daytime Phone #</small>	

50025672



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