

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28203

FILED
Apr 28, 2008
Secretary of State

Entity Name: AL-ANON INFORMATION SERVICE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

320 SO BUMBY AVE
SUITE 6
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

320 SO BUMBY AVE
SUITE 6
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3144094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOWN, LINDA
4110 S RIO GRANDE AVE
APT 304
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

SANE, DARLA
1408 GRANDVIEW BLVD.
KISSIMMEE, FL 34744 US

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.

SIGNATURE: DARLA SANE

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TDS () Delete
Name: MILLER, LOIS
Address: 7234 DELLA DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: TDS () Delete
Name: SANE, DARLA
Address: 1408 GRANDVIEW BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Delete
Name: STUCKEY, MARIE
Address: 1214 GREENWOOD
City-St-Zip: ORLANDO, FL 32801

Title: TD () Delete
Name: MEYERS, MARTHA
Address: 4914 SAMOA CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: CD (X) Delete
Name: SHOWN, LINDA
Address: 2407-D SOUTH BUNBY AVE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLA SANE

TDS

04/28/2008

Electronic Signature of Signing Officer or Director

Date