

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42172

FILED
Jan 09, 2010
Secretary of State

Entity Name: ALS RECOVERY FUND, INC.

Current Principal Place of Business:

ONE GROVE ISLE
1602
COCONUT GROVE, FL 33133

New Principal Place of Business:

7305 SW 123RD STREET
MIAMI, FL 33156

Current Mailing Address:

7305 SW 123RD STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0265802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PACKMAN, KEVIN E.
7305 SW 123RD STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: EV
Name: SINGER, DONNA
Address: ONE GROVE ISLE UNIT 1602
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP
Name: SILVERMAN, ADAM
Address: 839 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33326

Title: DV
Name: PACKMAN, CILA
Address: 10900 SW 93RD AVE.
City-St-Zip: MIAMI, FL

Title: PD
Name: PACKMAN, KEVIN ERIC
Address: 7305 SW 123RD STREET
City-St-Zip: PINECREST, FL 33156

Title: T
Name: ROSENTHAL, KENNETH
Address: 6521 S.W. 100TH STREET
City-St-Zip: MIAMI, FL 33156

Title: VP
Name: PEREZ, ALBERTO
Address: 323 MALAGA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: KEVIN E. PACKMAN

PD

01/09/2010

Electronic Signature of Signing Officer or Director

_____ Date