

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 22, 2008
Secretary of State

DOCUMENT# N45097

Entity Name: ALCOHOLICS ANONYMOUS OF GREATER MIAMI, INC.**Current Principal Place of Business:**299 ALHAMBRA CIRCLE
SUITE 309
CORAL GABLES, FL 331345113 US**New Principal Place of Business:****Current Mailing Address:**299 ALHAMBRA CIRCLE
SUITE 309
CORAL GABLES, FL 331345113 US**New Mailing Address:****FEI Number:** 65-0293772 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SLUZIS, MARY
299 ALHAMBRA CIRCLE
SUITE 309
CORAL GABLES, FL 331345113 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:** D () Delete
Name: SLUZIS, MARY
Address: 299 ALHAMBRA CIRCLE, SUITE 309
City-St-Zip: CORAL GABLES, FL 331345113 US**Title:** D () Delete
Name: COLLINS, CHARLES
Address: 299 ALHAMBRA CIRCLE, SUITE 309
City-St-Zip: CORAL GABLES, FL 331345113 US**Title:** D () Delete
Name: LYDEN, PATRICK
Address: 299 ALHAMBRA CIRCLE, SUITE 309
City-St-Zip: CORAL GABLES, FL 331345113 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: HOWARD, THERMAN JR
Address: 299 ALHAMBRA CIRCLE, SUITE 309
City-St-Zip: CORAL GABLES, FL 331345113 US**Title:** O (X) Change () Addition
Name: SLUZIS, MARY
Address: 299 ALHAMBRA CIRCLE, SUITE 309
City-St-Zip: CORAL GABLES, FL 331345113 US**Title:** O (X) Change () Addition
Name: HESTER, LORI
Address: 299 ALHAMBRA CIRCLE, SUITE 309
City-St-Zip: CORAL GABLES, FL 331345113 US**Title:** O () Change (X) Addition
Name: RATHJENS, JENNIFER
Address: 299 ALHAMBRA CIRCLE STE 309
City-St-Zip: CORAL GABLES, FL 331345113 US

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: MARY SLUZIS

DIR

12/22/2008

Electronic Signature of Signing Officer or Director

Date