

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45097

FILED  
Mar 20, 2009  
Secretary of State

**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: HOWARD, THERMAN JR  
Address: 299 ALHAMBRA CIRCLE, SUITE 309  
City-St-Zip: CORAL GABLES, FL 331345113 US

Title: O ( ) Delete  
Name: SLUZIS, MARY  
Address: 299 ALHAMBRA CIRCLE, SUITE 309  
City-St-Zip: CORAL GABLES, FL 331345113 US

Title: O ( ) Delete  
Name: HESTER, LORI  
Address: 299 ALHAMBRA CIRCLE, SUITE 309  
City-St-Zip: CORAL GABLES, FL 331345113 US

Title: O ( ) Delete  
Name: RATHJENS, JENNIFER  
Address: 299 ALHAMBRA CIRCLE STE 309  
City-St-Zip: CORAL GABLES, FL 331345113 US

**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:

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: JENNIFER RATHJENS

O

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date