SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19 1998 8:00am
Secretary of State

DOCUMENT # N46777 (1)

1. Corporation Name
SISTERS IN RECOVERY, INC.

Principal Place of Business	Mailing Address
690 FRIDAY RD COCOA FL 32926	690 FRIDAY RD COCOA FL 32926

3. Date Incorporated or Qualified: 01/10/1992

4. FEI Number: 59-3106836 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 390 NARRAGANSETT ST NE	26 390 NARRAGANSETT ST NE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Bay FL	City & State 28 Palm Bay FL
Zip 24 32907 Country 25 USA	Zip 29 32907 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DALEY, BARBARA 690 FRIDAY RD COCOA FL 32926	81 Name: Kathleen Gallagher 82 Street Address (P.O. Box Number is Not Acceptable): 390 NARRAGANSETT ST NE 83 84 City: Palm Bay FL 85 Zip Code: 32907

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 617.0503, Florida Statutes.

SIGNATURE: Kathleen Gallagher 8/14/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Pres	☐ Change ☒ Addition
NAME	HINKLEY, MARTHA		1.2 NAME	Tom Daley	
STREET ADDRESS	492 DEMPSEY DR		1.3 STREET ADDRESS	965 BRIDLE LANE	
CITY-ST-ZIP	COCOA FL 32931		1.4 CITY-ST-ZIP	Rockledge FL 32955	
TITLE	D	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	SPEIDEL, DEBBIE MD		2.2 NAME	Ron Gallagher	
STREET ADDRESS	105 5TH BANANA DR		2.3 STREET ADDRESS	390 NARRAGANSETT ST NE	
CITY-ST-ZIP	COCOA BEACH FL 32931		2.4 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GALLAGHER, KATHLEEN		3.2 NAME		
STREET ADDRESS	390 NARRAGANSETT STREET NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARMON, MYRON A		4.2 NAME		
STREET ADDRESS	2121 BARCELONA WAY SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33712		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARMON, LORETTA A		5.2 NAME		
STREET ADDRESS	2121 BARCELONA WAY SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33712		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Barbara Daley Dir.	☒ Change ☐ Addition
NAME	DALEY, BARBARA		6.2 NAME	965 Bridle	
STREET ADDRESS	690 FRIDAY RD		6.3 STREET ADDRESS	Rockledge FL 32955	
CITY-ST-ZIP	COCOA FL 32926		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Gallagher DIRECTOR 8/14/98 4079512626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #