NONPROFIT CORPORATION ANNUAL REPORT



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

**FILED** May 02 1996 8:00 am Secretary of State

1996

## DOCUMENT # N9400005081

| 1. Corporation                              | Name  |  | - •                      |   |   |                                       |
|---|---|--|--------------------------|---|---|---------------------------------------|
|   | mum mountamion for D  | FCOVERY THE                              |                          |   |   |                                       |
| THE FOUNDATION FOR RECOVERY, INC.           |   |  |                          |   |   |                                       |
| Principal Place of Business Mailing Address |   |  |                          |   |   |                                       |
| T T WIE POT T 1000                          | 0, 200, 100   |  |                          |   |   |                                       |
| 60  | 06 Royal Poinciana I  | ane                                      |                          |   |   |                                       |
| Tamarac, Florida 33319                      |   |  |                          |   | Date Incorporated or Qualified  | 3a. Date of Last Report               |
| 14  | marao, recent or es   |  |                          |   | 1994  | 1995                                  |
| 2. Principal Pla                            | ace of Rusiness   | 2a. Mailing Address                      |                          |   | 4. FEI Number   | Applied For                           |
|   |   | - Table 1                                |                          |   | 65-0536272  | Not Applicable                        |
| Suite, Apt. #                               | <u>Royal Poinciana Ln.</u><br>#.etc.  | Suite, Apt. #, etc.                      |                          |   |   | S8.75 Additional                      |
| 22  |   | 27                                       |                          |   | 5. Certificate of Status Desired  | Fee Required                          |
| City & State City & State                   |   |  |                          |   | 6. Election Campaign Financing  | \$5.00 May Be                         |
| 23 Tallia                                   | Ten, Florida  | 28                                       |                          |   | Trust Fund Contribution   | Added to Fees                         |
| Zip<br>33319                                | Country<br>Broward  | Zip                                      | Country                  |   | 8. This corporation has liability for int   |                                       |
| 24 33319                                    | 25  | 29 30                                    | <u> </u>                 |   | Florida Statutes LJ  10. Name and Address of New Reg  | Yes No                                |
|   | 9. Name and Address of Current  | negistered Agent                         | 81                       | Name  | 10. Haine and Address of New Het  | Jistorou Agerit                       |
| .73   | m Stahl   |  | 82                       |   | Grover M. Moscowitz, E  | sq                                    |
| 624 S. Military Trail                       |   |  |                          | Street A  | odress (P.O. Box Number is Not Acceptable) O W. Bakland Park Blvd                                 | . Suite 109                           |
| Deerfield Beach, FL 33442                   |   |  | 83                       |   |   |                                       |
|   |   |  | 84                       | City  | nrise, Fla.   | 85 Zip Code                           |
| •   |   |  |                          | •   |   | FL     33351                          |
| 11. Pursuant t                              | o the provisions of Sections 617.0502   | and 617.1508, Florida Statutes, th       | ne above-na              | amed cor  | poration submits this statement for the purpo   | ase of changing its registered office |
| or registere<br>familiar wit                | ed agent, or both, in the State of Florida<br>h, and accept the obligations of, Section | n 617.0503, Florida Statutes.            | y trie corpo             | nation's t  | poration sagmins this statement for the purpose<br>poard of directors. I hereby accept the appoin | ittient as registered agent. I am     |
| SIGNATURE _                                 | Given in Mind   |  | Gro                      | ver 1   | 1. Moscowitz, Esq.  |                                       |
|   |   |  |                          | signature rec                                       | quired when reinstating)  ADDITIONS/CHANGES TO OFFIC  | DATE EDG AND DIDECTORS IN 12          |
| 12.   | OFFICIAS AND  |  | 13.<br>1.1 DTLE          | ī   | ADDITIONS/CHANGES TO OFFIC  | Change * Addition                     |
| TITLE<br>NAME                               | Pres, VP, Treas Applicator  |  | 1.2 NAME                 | İ   | President & Director  | Committee Section                     |
| STREET ADDRESS                              | Jim Stahl - 624 S. Military Trail   |  | 1.3 STREET A             | ADDRESS   | Yale Garber   |                                       |
| CITY-ST-ZIP                                 | Deerfield Beach, FL 33442   |  | 1.4 CITY-ST-ZIP          |   | 6006 Royal Poinciana L  | n. Tamarac, FL                        |
| TITLE                                       |   | DELETE                                   | 2.1 TITLE                |   | VP and Director   | Change Addition                       |
| NAME  |   | -  | 2.2 NAME                 |   | Pam Brown c/o Yale Gar  | ber                                   |
| STREET ADDRESS                              |   |  | 2.3 STREET A             | 23STREET ADDRESS 6006 Royal Poinciana Lane, Tamarac |   | ane, Tamarac                          |
| CITY - ST - ZIP                             |   |  | 2. 4 CITY - ST           | T-ZIP   | FL 33391  |                                       |
| TITLE                                       |   | DELETE                                   | 3.1 TITLE                |   | Tres. and Director  | ☐ Change ★★Addition                   |
| NAME  |   |  | 3.2 NAME                 |   | Sam Simon c/o Yale Ga   | rber                                  |
| STREET ADDRESS                              |   |  | 3.3 STREET /             | ADDRESS   | 6006 Royal Poinciana  | Lane, Tamarac                         |
| CITY-ST-ZIP                                 |   | - Flores                                 | 3.4. CITY - S1           | T-ZIP   | FL 33319  | Change - Addition                     |
| TITLE                                       |   | DELETE                                   | 4.1 TITLE                |   | Secy. and Director  | ☐ Change ★★Addition                   |
| NAME  |   |  | 4. 2 NAME                |   | Judy Scott c/o Yale Gar   |                                       |
| STREET ADDRESS                              |   |  | 4.3 STREET A             | i   | 6006 Royal Poinciana La   | ne,                                   |
| CITY-ST-ZIP                                 |   | DELETE                                   | 4.4 CITY-ST<br>5.1 TITLE | 1-ZIP   | Tamarac, FL 33319   | Change Addition                       |
| TITLE                                       |   | Dictio                                   | 52 NAME                  |   | VP  |                                       |
| NAME<br>STREET ADDRESS                      |   |  | 5.3 STREET               | ADDRESS   | Brenda Ploetz c/o Ya<br>6006 Royal Poinciana  | le Garber<br>Lane                     |
| CITY-ST-ZIP                                 |   |  | 5.4 CITY-ST              | - 1   | Tamarac, FL 33319   | _                                     |
| TITLE                                       |   | DELETE                                   | 6.1 TITLE                | -   |   | Change Daddition                      |
| NAME  |   | -  | 6.2 NAME                 |   | 1 0 0 0 0 1 8 0<br>-05/03/96010µ  | SERIA POLICE                          |
| STREET ADDRESS                              |   |  | 6.3 STREET               | address   | ###64_9E - 10101  | 10-2002 1X2                           |
| CITY-ST-ZIP                                 |   |  | 6.4 CHTY - ST            |   | ***61.25 F  | <u> </u>                              |
| 14. I do hereb                              | y certify that the information supplied w   | rith this filing is voluntarily furnishe | d and does               | not qua   | ify for the exemption stated in Section 119.0   | 7(3)(k), Florida Statutes. I further  |

certify that the information indicated on this annual report or supplemental annual re oath; that I am an officer or director of the corporation or the receiver or trustee em appears in Block 12 or Block 13 if changed, or on an attachment with an address. tal annual report is true and accurate and that my signature shall have the same legal effect as it made under trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

Yale Garber, Pres. (305) 486-2787

Daytime Phone #