

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **1990000003541**

1. Corporation Name

THE RECOVERY FOUNDATION, INC

Principal Place of Business

Mailing Address

**201 S. BISCAYNE BLVD.
SUITE 1920
MIAMI, FLORIDA 33131**

SAME

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

12/29/98

4. FEI Number

31-1652541

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERRELL, SCHULTZ, CARTER & FERTEL, P.A.
201 SOUTH BISCAYNE BOULEVARD
MIAMI CENTER, SUITE 1920
MIAMI, FLORIDA 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 **TRUSTEE** ☐ DELETE
NAME **DR. JULES TROP**
STREET ADDRESS **1334 MONROE STREET**
CITY-ST-ZIP **HOLLYWOOD, FL. 33019**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **TRUSTEE** ☐ DELETE
NAME **MILTON M. FERRELL, JR.**
STREET ADDRESS **201 S. BISCAYNE BOULEVARD STE. 1920**
CITY-ST-ZIP **MIAMI, FLORIDA 33131**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **TRUSTEE** ☐ DELETE
NAME **ANGEL M. GARCIA-OLIVER**
STREET ADDRESS **201 S. BISCAYNE BOULEVARD STE. 1920**
CITY-ST-ZIP **MIAMI, FLORIDA 33131**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-1999

(305) 371-8585

Date

Daytime Phone #

CR2E037 (11/98)



ACCOUNT NO. : 072100000032

REFERENCE : 289430 81517A

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : June 28, 1999

ORDER TIME : 11:20 AM

ORDER NO. : 289430-005

CUSTOMER NO: 81517A

CUSTOMER: Angel M. Garcia-oliver, Esq
Ferrell Schultz Carter &
Miami Center, Suite 1920
201 S. Biscayne Boulevard
Miami, FL 33131

ANNUAL REPORT FILING

NAME: THE RECOVERY FOUNDATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____

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CSC

Patricia Pignatelli

20/2