

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P25044** (9)  
1. Corporation Name  
**THE RECOVERY ALLIANCE, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 561 P.O. BOX 561  
MILFORD CT 06460 MILFORD CT 06460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/30/1989** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **06-1084134** Applied For Not Applicable  
5. Certificate of Status Desired  **\$0.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **622 Campbell Ave** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State City & State  
23 **W. Haven CT** 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**HYNES, JEAN TEIRA**  
**532 3RD STREET-NORTH**  
**SAINT-PETERSBURG FL 33701**

please see address change for same registered agent. →

10. Name and Address of New Registered Agent

81 Name **HYNES, JEAN TEIRA**  
82 Street Address (P.O. Box Number is Not Acceptable) **7301 7TH AVENUE NORTH**  
83  
84 City **St. Petersburg** FL 85 Zip Code **33710**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

3/9/95  
DATE

SIGNATURE: *Sandra B. Vertman*

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>BANNON, ROSE S/D</b>
STREET ADDRESS	<b>96 EDWIN</b>
CITY - ST - ZIP	<b>RIDGEFIELD PARK NJ</b>
TITLE	<b>(D)</b>
NAME	<b>BOUTON, SANDRA T/D</b>
STREET ADDRESS	<b>735 STEPNEY ROAD</b>
CITY - ST - ZIP	<b>EASTON CT</b>
TITLE	<b>BM</b>
NAME	<b>HEFFERNAN, MELINDA</b>
STREET ADDRESS	<b>9 OLDROY</b>
CITY - ST - ZIP	<b>MILFORD CT</b>
TITLE	<b>(D)</b>
NAME	<b>WEBER, DEBORAH a/d</b>
STREET ADDRESS	<b>11 HOUSATONIC AVE</b>
CITY - ST - ZIP	<b>MILFORD CT</b>
TITLE	<b>BD</b>
NAME	<b>BENNER, DONNA</b>
STREET ADDRESS	<b>47 ROCKWOOD CT</b>
CITY - ST - ZIP	<b>MILFORD CT</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	<b>Omit Donna Benner</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<b>Omit Melinda Hefferman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<b>Chairperson (D/C)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Frank Benner</b>	
43 STREET ADDRESS	<b>47 Rockwood CT</b>	
44 CITY - ST - ZIP	<b>Milford CT 06460</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	<b>Deborah Weber (D)</b>	
52 NAME	<b>11 Housatonic</b>	
53 STREET ADDRESS	<b>Milford CT 06460</b>	
54 CITY - ST - ZIP		
61 TITLE	<b>Amy Gilroy (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>16 Meridian St</b>	
63 STREET ADDRESS	<b>Milford, CT</b>	
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.07(3)(b), 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: *Rose Bannon* **secretary and** *2/22/95* **Rose Bannon Board Member** *201 442 2599*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P25044

Recovery Alliance Inc.  
Board of Directors and Members

Board of Director  
Chairperson C/D  
Frank Benner  
47 Rockwood Ct  
Milford, Connecticut  
203 878-3992

Board of Director  
Secretary S/D  
Rose Bannon  
96 Edwin Street  
201 440-2599  
201 947-5370

Board of Director  
Sue Banfield D  
9 Oldroy Street  
Milford, Ct  
203 877-9080  
203 288-52660

Board of Director  
Deb Weber D  
11 Housatonic  
Milford, Ct  
203 877-7845  
203 878-0698

Board of Director  
Treasurer T/D  
Sandra Bouton  
735 Stepney Rd  
Easton, CT  
203 432-6619

Board of Director  
Amy Gilroy D  
15 Meadow Street  
Milford, CT  
203-877-8941

Jean Hynes member  
532 3rd Street South  
St. Petersburg, FLA  
813 384-5048