

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25044** (9)

1. Corporation Name
THE RECOVERY ALLIANCE, INC.



Principal Place of Business: **622 CAMPBELL AVE WEST HAVEN CT 06460 US**
Mailing Address: **P.O. BOX 561 MILFORD CT 06460**

3. Date Incorporated or Qualified: **06/30/1989**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		06-1084134	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
				6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Country	29	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HYNES, JEAN TEIRA 7301 7TH AVE NORTH ST PETERSBURG FL 33710				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *J. T. Hynes* (NOTE: Registered Agent signature required when reinstating) **3/5/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SSD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNON, ROSE		1.2 NAME				
STREET ADDRESS	96 EDWIN		1.3 STREET ADDRESS				
CITY-ST-ZIP	RIDGEFIELD PARK NJ		1.4 CITY-ST-ZIP				
TITLE	DTD	<input type="checkbox"/> DELETE	2.1 TITLE	DVCT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOUTON, SANDRA		2.2 NAME	Bouton Sandra			
STREET ADDRESS	735 STEPNEY ROAD		2.3 STREET ADDRESS	735 Stepney Road			
CITY-ST-ZIP	EASTON CT		2.4 CITY-ST-ZIP	EASTON CT			
TITLE	CDC	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENNER, FRANK		3.2 NAME	Benner Frank			
STREET ADDRESS	47 ROCKWOOD CT		3.3 STREET ADDRESS	47 Rockwood Ct			
CITY-ST-ZIP	MILFORD CT		3.4 CITY-ST-ZIP	MILFORD CT			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEBER, DEBORAH		4.2 NAME	weber Deborah			
STREET ADDRESS	11 HOUSATONIC		4.3 STREET ADDRESS	11 Housatonic			
CITY-ST-ZIP	MILFORD CT		4.4 CITY-ST-ZIP	MILFORD CT			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GILRAY, AMY		5.2 NAME	Gilroy, Amy			
STREET ADDRESS	16 MEADOW ST		5.3 STREET ADDRESS	16 meadow ST			
CITY-ST-ZIP	MILFORD CT		5.4 CITY-ST-ZIP	MILFORD CT			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	Binfield Sue			
STREET ADDRESS			6.3 STREET ADDRESS	9 Adroy Street			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MILFORD, CT			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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)* **3/5/96** (201) 440-2599

CR2E037 (12/95)