

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P25044
1. Corporation Name
The Recovery Alliance, Inc.

Principal Place of Business: POB 561 Milford, Connecticut 06460
Mailing Address: 602 Campbell Ave West Haven, Connecticut (place of business)
ATT: Rose Bannon

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Same as above | 26 Same as above |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 USA |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| Feb 15, 1983 | May 1996 |
| 4. FEI Number | Applied For |
| 06-1084134 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

Jean Hynes
7301 7th Ave N
ST Petersburg, Florida
33710

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|---------------------------------------|----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | 300002219403 -06/23/97--01031--013 | ***70.00 | FL |

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: Jean Hynes (Signature) DATE: Apr 29, 1997

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|--|
| TITLE | Board member | <input checked="" type="checkbox"/> DELETE |
| NAME | Francis Benner | |
| STREET ADDRESS | 47 Rockwood Ct | |
| CITY-ST-ZIP | Milford, CT 06460 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | Board member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Janet Zullo | |
| 1.3 STREET ADDRESS | 802 Orange St | |
| 1.4 CITY-ST-ZIP | New Haven, CT 06511 | |
| 2.1 TITLE | Deborah Weber Chairperson | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 11 Housatonic Ave | |
| 2.4 CITY-ST-ZIP | Milford, CT 06460 | |
| 3.1 TITLE | Sandra Bouton Treasurer | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 735 Stepney Rd | |
| 3.4 CITY-ST-ZIP | Easton, CT 06612 | |
| 4.1 TITLE | Rose Bannon Secretary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 96 Edwin St | |
| 4.4 CITY-ST-ZIP | Ridgfield Pk, NJ 07660 | |
| 5.1 TITLE | Amy Gilroy Board member | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | 15 Meadow St | |
| 5.4 CITY-ST-ZIP | Milford, CT 06460 | |
| 6.1 TITLE | Susan Banfield Board Member | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | 9 Oldroyd St | |
| 6.4 CITY-ST-ZIP | Milford, CT 06460 | |

14. I do 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: Rose Bannon, Rose Bannon DATE: Apr 28, 1997

CR2E037 (9/96)