


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 US | Mailing Address P.O. BOX 561 MILFORD CT 06480 |
|---|---|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 06/30/1989 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 4. FEI Number 06-1084134 | | |

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

| | |
|--|---------------------------------------|
| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**HYNES, JEAN
7301 7TH AVE NORTH
ST PETERSBURG FL 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 |

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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]* **1-31-98**
 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 | SD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BANNON, ROSE | 1.2 NAME | |
| STREET ADDRESS | 98 EDWIN | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | RIDGEFIELD PARK NJ | 1.4 CITY - ST - ZIP | |
| TITLE | DVCT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOUTON, SANDRA | 2.2 NAME | |
| STREET ADDRESS | 735 STEPNEY ROAD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | EASTON CT | 2.4 CITY - ST - ZIP | |
| TITLE | DBM <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZOLLO, JANET | 3.2 NAME | |
| STREET ADDRESS | 802 ORANGE ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW HAVEN CT 06511 | 3.4 CITY - ST - ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEBER, DEBORAH | 4.2 NAME | |
| STREET ADDRESS | 11 HOUSATONIC | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | MILFORD CT | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILROY, AMY | 5.2 NAME | |
| STREET ADDRESS | 15 MEADOW ST | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | MILFORD CT | 5.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BANFIELD, SUE | 6.2 NAME | |
| STREET ADDRESS | 9 OLD ROYD ST | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | MILFORD CT 06480 | 6.4 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.

SIGNATURE *[Signature]*

CFR2E037 (10/97)