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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90051 029 ****70.00

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P25044

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 06460



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1084134	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HYNES, JEAN 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: *[Signature]* **JEAN T. HYNES** ^{CK# 6186} **4-17-99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD BANNON, ROSE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	96 EDWIN	1.2 NAME	Sue Banfield
STREET ADDRESS	RIDGEFIELD PARK NJ	1.3 STREET ADDRESS	9 Old Royd St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Milford, CT 06460
TITLE	DVCT <input type="checkbox"/> DELETE	2.1 TITLE	CD <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	DBM <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ZULLO, 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	VC D <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	
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	FD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANFIELD, SUE	6.2 NAME	Janet Greenhut
STREET ADDRESS	9 OLD ROYD ST	6.3 STREET ADDRESS	Kipp Avenue
CITY-ST-ZIP	MILFORD CT 06460	6.4 CITY-ST-ZIP	Hasbrouck Hts, New Jersey

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]* **SIGNATURE REQUIRED** **2/15/99** **(201)440-2599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)