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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 2:37

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 768486 (3)  
1. Corporation Name  
**DEDICATED ALTERNATIVE RESOURCES FOR THE ELDERLY, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 14813 GAINESVILLE FL 32604-4813

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
05/17/1983 04/25/1994

4. FEI Number Applied For  
59-2342080 Not Applicable

5. Certificate of Status Desired  \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent  
ZUMBRO, MARK  
8416 SW 48TH ROAD  
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent  
81 Name MARSHALL, MELODY  
82 Street Address (P.O. Box Number is Not Acceptable) 1935 NW 22nd St.  
83  
84 City Gainesville FL 85 Zip Code 32605

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 607.005, Florida Statutes.

SIGNATURE *Melody J. Marshall* President DATE 4/6/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

|                 |                       |   |
|-----------------|-----------------------|---|
| TITLE           | VP                    |   |
| NAME            | VAUGHEN, JUSTINE      | D |
| STREET ADDRESS  | 1410 SW 35 PL         |   |
| CITY - ST - ZIP | GAINESVILLE FL        |   |
| TITLE           | P                     |   |
| NAME            | ZUMBRO, MARK          | D |
| STREET ADDRESS  | 8416 SW 48TH ROAD     |   |
| CITY - ST - ZIP | GAINESVILLE FL        |   |
| TITLE           | S                     |   |
| NAME            | LEWIS, LORTON MRS.    | D |
| STREET ADDRESS  | 7720 N.W. 41ST AVENUE |   |
| CITY - ST - ZIP | GAINESVILLE FL        |   |
| TITLE           | T                     |   |
| NAME            | HELENC, ELLIS         | D |
| STREET ADDRESS  | 4041 NW 12 AVE        |   |
| CITY - ST - ZIP | GAINESVILLE FL        |   |
| TITLE           |                       |   |
| NAME            |                       |   |
| STREET ADDRESS  |                       |   |
| CITY - ST - ZIP |                       |   |
| TITLE           |                       |   |
| NAME            |                       |   |
| STREET ADDRESS  |                       |   |
| CITY - ST - ZIP |                       |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |  |
|--------------------|-----------------------|--|
| 11 TITLE           | VP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | ZUMBRO, MARK          | D  |
| 13 STREET ADDRESS  | 8416 SW 46th Road     |  |
| 14 CITY - ST - ZIP | Gainesville, FL 32608 |  |
| 21 TITLE           | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            | MARSHALL, MELODY      | D  |
| 23 STREET ADDRESS  | 1935 NW 22nd St.      |  |
| 24 CITY - ST - ZIP | Gainesville, FL 32605 |  |
| 31 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                       |  |
| 33 STREET ADDRESS  |                       |  |
| 34 CITY - ST - ZIP |                       |  |
| 41 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                       |  |
| 43 STREET ADDRESS  |                       |  |
| 44 CITY - ST - ZIP |                       |  |
| 51 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                       |  |
| 53 STREET ADDRESS  |                       |  |
| 54 CITY - ST - ZIP |                       |  |
| 61 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                       |  |
| 63 STREET ADDRESS  |                       |  |
| 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE: *Melody J. Marshall* DATE: 2/23/95 (904) 846-0666  
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MELODY J. MARSHALL