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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768486 (3)**  
1. Corporation Name  
**DEDICATED ALTERNATIVE RESOURCES FOR THE ELDERLY, INC.**



Principal Place of Business <b>P.O. BOX 14813 GAINESVILLE FL 32604-4813</b>	Mailing Address <b>P.O. BOX 14813 GAINESVILLE FL 32604-4813</b>
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3. Date Incorporated or Qualified <b>05/17/1983</b>	3a. Date of Last Report <b>05/17/1996</b>
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2. Principal Place of Business 21 [same as above] Suite, Apt. #, etc.	2a. Mailing Address 26 [same as above] Suite, Apt. #, etc.
22 City & State 23 Zip Country	27 City & State 28 Zip Country
24 Zip Country	29 Zip Country

4. FEI Number <b>59-2342080</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**MERING, OTTO V  
818 NW 21ST STREET  
GAINESVILLE FL 32603**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, JESSE R	
STREET ADDRESS	612 NE 10TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MERING, OTTO V	
STREET ADDRESS	818 NW 21ST STREET	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, LORTON MRS.	
STREET ADDRESS	7720 N.W. 41ST AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<del>HELENE ELLIS</del>	
STREET ADDRESS	4041 NW 12 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD HENDERSON, LINDA
3.3 STREET ADDRESS	3729 NW 29 STREET
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ELLIS, HELEN C.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D EPPES, MARGARET
5.3 STREET ADDRESS	2215 NW 21 PLACE
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: **3/29/97** DAYTIME PHONE: **352-376-7512**

CR2E037 (9/96)