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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 768486

1. Corporation Name  
**DEDICATED ALTERNATIVE RESOURCES FOR THE ELDERLY, INC.**

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

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03-31-1999 90029 034 \*\*\*\*61.25  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



21	2. Principal Place of Business Same as above	2a	2a. Mailing Address Same as above	3.	Date Incorporated or Qualified 05/17/1983
22	Buite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number 59-2342080
23	City & State	28	City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>EPPES, MARGARET C 2215 NW 21ST PLACE GAINESVILLE FL 32605</b>		10. Name and Address of New Registered Agent	
B1	Name Same	B2	Street Address (P.O. Box Number is Not Acceptable)
B3		B4	City
B5	FL	B6	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: MARGARET EPPES, PRESIDENT DATE: 4-1-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD JONES, JESSE R 812 NE 10TH PLACE GAINESVILLE FL 32601	<input type="checkbox"/> DELETE	1.1 TITLE VP LaFrentz, Dean, Vice President
TITLE	PD MERING, OTTO V 818 NW 21ST STREET GAINESVILLE FL 32603	<input type="checkbox"/> DELETE	1.2 NAME D 2908 NW 10th Place Gainesville, FL 32605
TITLE	SD HENDERSON, LINDA 3729 NW 29TH ST GAINESVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE SD Secretary Lee Johnson 3841 NW 33rd Place Gainesville, FL 32606
TITLE	T ELLIS, HELEN C 4041 NW 12 AVE GAINESVILLE FL 32605	<input type="checkbox"/> DELETE	2.2 NAME D President Margaret C. Eppes 2215 NW 21st Place Gainesville, FL 32605
TITLE	P EPPES, MARGARET C 2215 NW 21 PLACE GAINESVILLE FL 32605	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS D Ellis, Helen Treasurer 4041 NW 12th Ave. Gainesville, FL 32605
TITLE	VP LAFRENTZ, DEAN 2908 NW 10TH PLACE GAINESVILLE FL 32605	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>

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: MARGARET EPPES SIGNATURE REQUIRED DATE: 4-1-99 (352) 378-0183

CR2E037 (1/98)