

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 13 AM 10:11

DOCUMENT # N06821 (5)

1. Corporation Name
ALZHEIMER RESOURCE CENTER, INC.

Principal Place of Business Mailing Address
250 LOCH LOMOND DRIVE 250 LOCH LOMOND DRIVE
PO BOX 1153 PO BOX 1153
WINTER PARK FL 32790-1153 WINTER PARK FL 32790-1153

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/26/1984 3a. Date of Last Report 05/01/1994

4. FEI Number 59-2496511 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 69 W. Underwood Street 26 P.O. Box 560129

5. Certificate of Status Desired \$8.75 Additional Fee Required

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Orlando, Florida 27 Orlando, Florida

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

City & State City & State
23 32806 28 32856-0129

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

Zip Country Zip Country
24 25 29 30

8. This corporation has liability for entering into tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JIMISON, PATRICIA G.
2611 ANTILLES DRIVE
WINDWARD SQUARE
WINTER PARK FL 32792

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMISON, PATRICIA	12 NAME	
STREET ADDRESS	2611 ANTILLES DRIVE	13 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL	14 CITY, ST, ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNEY, THOMAS F. ESQ.	22 NAME	
STREET ADDRESS	1145 PALADIN COURT	23 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	24 CITY, ST, ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASSLER, MICHELLE J	32 NAME	
STREET ADDRESS	650 OLD MIMS ROAD	33 STREET ADDRESS	
CITY, ST, ZIP	GENEVA FL	34 CITY, ST, ZIP	
TITLE	ST	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, GREGORY	42 NAME	
STREET ADDRESS	2018 DUTCHESS LANE	43 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL	44 CITY, ST, ZIP	
TITLE	C	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIUS, LESUE P	52 NAME	
STREET ADDRESS	250 NOTTAWAY TRAIL	53 STREET ADDRESS	
CITY, ST, ZIP	MATLAND FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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 110.07(3)(b), 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 any amendment with an address.

SIGNATURE: *Michelle J. Brassler* Date: June 7, 1995 Telephone: 407-843-1910
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle J. Brassler, Vice-President

CR2E037 (3/95)