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NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # N06821

(5)

ALZHEIMER RESOURCE CENTER INC

| | INICH RESOURCE CENTER | | | | | | | |
|--|--|--|--|---|--|-----------------------------|--|--|
| Principal Place | e of Business | Mailing Address | | | THEORIGINAL COMPANY | | 1811 FIETH BEBLE BUBL | |
| 69 W UNDER | | P O BOX 560129 | | | | | | |
| ORLANDO FL 32806 | | ORLANOD FL 32856-0129 | | | 3. Date Incorporated or | Oualified 5 | 3a. Date of Last | Report |
| US | | US | | | 12/26/1984 | dodinos | 06/13/1 | • |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | 59-2496511 | | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt, #, etc. 27 69 W. Und | erwo | od St. | 5. Certificate of Status I | Desired k | \$8.75 | Additional Required |
| City & State | е | City & State | | | 6. Election Campaign F | | | O May Be |
| Zip | Country | Zip | T Co. | inha i | Trust Fund Contribut | NII | Adde | d to Fees |
| 24 | 25 | 29 | 30 | untry | This corporation has | | | 199.032, |
| | 9. Name and Address of Currer | | 30 | 1 | Florida Statutes 10. Name and Address | | es Dino | |
| | | | | 81 Name | IV. Hame and Address | OI HOW REGIST | eien wäeut | |
| Manyori | DATINOLA O | | | Mic | helle J. Bras | sler | | |
| JIMISON, PATRICIA G. | | | | B2 Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | ITILLES DRIVE | | | 83 | Old Mims Rd | | | |
| | ARD SQUARE | | | | | | | |
| WINTER | PARK FL 32792 | | | 84 City | | | 85 Zi | Code 2732 |
| 11 Pursuant t | to the provisions of Sections 617.0502 | 2 and 617 1508 Florida Statut | ne the abo | Ge Ge | eneva | f | <u>FL 3</u> | 2732 |
| or rociota- | The providence of Education of the Education | do Cuch change was side of | | יטויטו טטוויטויסע | ord of dispetors. I be about the | tor the purpose | or changing its r | egistered offici Facent: Lam |
| familiar w ii | red agent, or both, in the State of Flori th, and accept the poligations of, Sect | tion 617 0503, Florida Statutes | ed by the d | corporation's bo | eard of directors. Thereby acce | рі іне арропіті | ani as registered | -g |
| familiar with | th, and accept the abligations of, See | Alledall | ea by the a I I A | corporation's bo | | | | |
| familiar wit | th, and accept the abligations of, Seat Signature, typed or printed name of registered age | Alledall | ea by the a I I A | corporation's bo | red when reinstating) | 0 | ATE | |
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| familiar with SIGNATURE | signature, speci or printed name of registered agent OFFICERS AN | e da frost applicable. NO O DIRECTORS | ed by the o | Corporation's bo | red when reinstating) ADDITIONS/CHANGE D | S TO OFFICERS | ATE B AND DIRECTO Change | |
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| signature 12. | th, and accept the obligations of, Seof Signature, typed or printed name of registered age OFFICERS AN D JIMISON, PATRICIA 2611 ANTILLES DRIVE | e da frost applicable. NO O DIRECTORS | 13. 1.1 Ti 1.2 N/ 1.3 SI | I Agent sonature requi | ADDITIONS/CHANGE D Brassler, M 650 Old Mim | s TO OFFICERS ichelle s Rd | ATE B AND DIRECTO Change | RS IN 12 |
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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.