

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N06821 (5)**

1. Corporation Name  
**ALZHEIMER RESOURCE CENTER, INC.**



Principal Place of Business Mailing Address  
**69 W UNDERWOOD ST  
PO BOX 1153  
ORLANDO FL 32806  
US** **P O BOX 560129  
PO BOX 1153  
ORLANDO FL 32856-0129  
US**

3. Date Incorporated or Qualified **12/26/1984** 3a. Date of Last Report **06/13/1995**  
4. FEI Number **59-2496511** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 **69 W. Underwood St.**  
23 Zip 28 City & State  
24 Country 29 Zip 30 Country

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 **Michelle J. Brassler**  
82 Street Address (P.O. Box Number is Not Acceptable) **650 Old Mims Rd**  
83 City **Geneva** 85 Zip Code **FL 32732**

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 *Michelle J. Brassler*  
Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JIMISON, PATRICIA</b>
STREET ADDRESS	<b>2611 ANTILLES DRIVE</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>KERNEY, THOMAS F. ESQ.</b>
STREET ADDRESS	<b>1145 PALADIN COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>BRASSLER, MICHELLE J</b>
STREET ADDRESS	<b>650 OLD MIMS ROAD</b>
CITY-ST-ZIP	<b>GENEVA FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>ROTH, GREGORY</b>
STREET ADDRESS	<b>2016 DUTCHESS LANE</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>ELLIS, LESLIE P</b>
STREET ADDRESS	<b>250 NOTTAWAY TRAIL</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Brassler, Michelle J.</b>
1.3 STREET ADDRESS	<b>650 Old Mims Rd</b>
1.4 CITY-ST-ZIP	<b>Geneva, FL 32732</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michelle J. Brassler* **April 23, 1996** 467-8431910  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)