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Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthain Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06821 (5)
1. Corporation Name
ALZHEIMER RESOURCE CENTER, INC.



Principal Place of Business 69 W UNDERWOOD ST PO BOX 1153 ORLANDO FL 32806 US	Mailing Address P O BOX 560129 69 W UNDERWOOD ST ORLANDO FL 32858-0129 US
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3. Date Incorporated or Qualified 12/26/1984	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2496511	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MICHELLE J. BRASSLER
650 OLD MIMS RD
GENEVA FL 32732**

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BRASSLER, MICHELLE J.
STREET ADDRESS	650 OLD MIMS RD
CITY-ST-ZIP	GENEVA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	KERNEY, THOMAS F. ESQ.
STREET ADDRESS	1145 PALADIN COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BRASSLER, MICHELLE J
STREET ADDRESS	650 OLD MIMS ROAD
CITY-ST-ZIP	GENEVA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	ROTH, GREGORY
STREET ADDRESS	2018 DUTCHESS LANE
CITY-ST-ZIP	WINTER PARK FL
TITLE	C <input type="checkbox"/> DELETE
NAME	ELUS, LESLIE P
STREET ADDRESS	250 NOTTAWAY TRAIL
CITY-ST-ZIP	MAITLAND FL
TITLE	T <input type="checkbox"/> DELETE
NAME	Carol Frechette, CPA
STREET ADDRESS	1005 Golfview St
CITY-ST-ZIP	Orlando, FL 32804

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert C. Klettner
1.3 STREET ADDRESS	531 Ponca Tr
1.4 CITY-ST-ZIP	Maitland, FL 32751
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Nelson, MD
2.3 STREET ADDRESS	86 Underwood St
2.4 CITY-ST-ZIP	Orlando, FL 32806
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fran Rogers
3.3 STREET ADDRESS	201 Hickory Drive
3.4 CITY-ST-ZIP	Longwood, FL 32779
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Betsy McCaghren
4.3 STREET ADDRESS	433 E. New England Ave
4.4 CITY-ST-ZIP	Winter Park, FL 32789
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard Tucker, PhD
5.3 STREET ADDRESS	20 Village Drive, E
5.4 CITY-ST-ZIP	Oviedo, FL 32765
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Carole Arthurs
6.3 STREET ADDRESS	PO Box 2426
6.4 CITY-ST-ZIP	Winter Park, FL 32790 (N/A)

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.

Carol Frechette 407 8431910

CR2E037 (9/96)