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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 32856-0129 US
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3. Date Incorporated or Qualified 12/26/1984	
4. FEI Number 59-2496511	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	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 **NA**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE BRASSLER, MICHELLE J. 650 OLD MIMS RD GENEVA FL	1.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRASSLER, MICHELLE J.		1.2 NAME Richard Tucker, PhD.	
STREET ADDRESS 650 OLD MIMS RD		1.3 STREET ADDRESS 20 Village Drive East	
CITY-ST-ZIP GENEVA FL		1.4 CITY-ST-ZIP Oviedo, FL 32765	
TITLE PD	<input type="checkbox"/> DELETE KERNEY, THOMAS F. ESQ. 1145 PALADIN COURT ORLANDO FL	2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KERNEY, THOMAS F. ESQ.		2.2 NAME Robert Klettner	
STREET ADDRESS 1145 PALADIN COURT		2.3 STREET ADDRESS 250 Park Avenue South	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP Winter Park, FL 32789	
TITLE V	<input type="checkbox"/> DELETE BRASSLER, MICHELLE J 650 OLD MIMS ROAD GENEVA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRASSLER, MICHELLE J		3.2 NAME	
STREET ADDRESS 650 OLD MIMS ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP GENEVA FL		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE ROTH, GREGORY 2016 DUTCHESS LANE WINTER PARK FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROTH, GREGORY		4.2 NAME	
STREET ADDRESS 2016 DUTCHESS LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL		4.4 CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> DELETE ELLIS, LESLIE P 250 NOTTAWAY TRAIL MAITLAND FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIS, LESLIE P		5.2 NAME	
STREET ADDRESS 250 NOTTAWAY TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE FRECHETTE, CAROLA CPA 1005 GOLFVIEW ST ORLANDO FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRECHETTE, CAROLA CPA		6.2 NAME	
STREET ADDRESS 1005 GOLFVIEW ST		6.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: *Michelle J. Brassler* 2/4/98 407-843-1910

CR2E037 (10/97)

(Pg 2)

**ALZHEIMER RESOURCE CENTER, INC.
BOARD OF DIRECTORS
1997-1998**

OFFICERS:

Chairman
Dr. Leslie Eills
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Maitland; Florida 32751
(407) 647-8306
Fax # 644-2761

President
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Fax # 898-5674

Vice President
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20 Village Drive, East
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(407) 823-2566
Fax # 823-5862

Secretary
Robert C. Klettner, Sr. VP
Barnett Bank
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(407) 646-3643
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Treasurer
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Lorraine (Secretary) 872-6653

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Fax (407) 673-6762

DIRECTORS:

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Assistant Director
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* **Betsy McMillan McCaghen**
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Winter Park, Florida 32789
(407) 629-0348

* **Carole Arthurs**
The Observer
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