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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06821

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/26/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2496511
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85	Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	

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

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	NELSON, RICHARD	
STREET ADDRESS	1414 KUHL AVENUE	
CITY-ST-ZIP	ORLANDO FL 32806-2093	
TITLE	ADD	<input type="checkbox"/> DELETE
NAME	CARLIN-ROGERS, FRAN	
STREET ADDRESS	1059 MAITLAND CENTER COMMONS	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRASSLER, MICHELLE J	
STREET ADDRESS	650 OLD MIMS ROAD	
CITY-ST-ZIP	GENEVA FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	SPEILMAN, SCOTT	
STREET ADDRESS	615 PRINCTON HOSPITAL PROGRAM	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONE, STANLEY H J.D.	
STREET ADDRESS	701 N. ECONLOCKHATCHEE TRAIL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRECHETTE, CAROLA CPA	
STREET ADDRESS	1005 GOLFVIEW ST	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McKeeby, Betsy
1.3 STREET ADDRESS	303 Wood St
1.4 CITY-ST-ZIP	Lake Mary, FL 32746
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT CARLIN-ROGERS, FRAN
2.3 STREET ADDRESS	1421 Lucerne Terrace
2.4 CITY-ST-ZIP	Orlando, FL 32806
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EXECUTIVE Director Brassler, Michelle J.
3.3 STREET ADDRESS	650 Old Mims Rd.
3.4 CITY-ST-ZIP	Geneva, FL 32732
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D FRECHETTE, Carol A
6.3 STREET ADDRESS	1005 Golfview St.
6.4 CITY-ST-ZIP	ORLANDO, FL

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/15/99 407.843.1910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1-1/98)