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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **N29371** (4)
1. Corporation Name
ALZHEIMER RESOURCE CENTER OF TALLAHASSEE, INC.

Principal Place of Business Mailing Address
**1400 NO MONROE ST
PO BOX 3553
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified **11/21/1988** 3a. Date of Last Report **08/09/1994**
4. FEI Number **59-2912649** Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MCGOUGH, THOMAS J.
C/O 1400 NORTH MONROE STREET
1907 HOOT OWL HILL
TALLAHASSEE FL 32311**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, LANE	1.2 NAME	100001445021
STREET ADDRESS	RT 1 BOX 678	1.3 STREET ADDRESS	-03/31/95--01054--016
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	*****61.25 *****61.25
TITLE	DP	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENKLE, APRIL G.	2.2 NAME	Folivka-West, LuMarie
STREET ADDRESS	1018 THOMASVILLE ROAD BOX C-2	2.3 STREET ADDRESS	307 W. Park Avenue
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	Tallahassee, FL 32301
TITLE	DS	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLER, PAT	3.2 NAME	Mitchell, Menza
STREET ADDRESS	3009 HUNNINGTON ST.	3.3 STREET ADDRESS	1018 Thomasville Road, Box C-2
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	Tallahassee, FL 32303
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JOE	4.2 NAME	T.S. 3/29/95
STREET ADDRESS	250 E 6TH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANESH, JANET	5.2 NAME	Kohler, Pat
STREET ADDRESS	1317 WINEWOOD BLVD. BLDG. 1 ROOM 317	5.3 STREET ADDRESS	3009 Hunington St.
CITY - ST - ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	Tallahassee, FL 32312
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANS, HELEN	6.2 NAME	
STREET ADDRESS	417 MURAT STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	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)(b), 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: *J. E. Sanders* **J.E. Joe Sanders 1-30-95 904-222-1400**
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if new)