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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29371 (4)
 1. Corporation Name
ALZHEIMER RESOURCE CENTER OF TALLAHASSEE, INC.



Principal Place of Business 1400 NO MONROE ST PO BOX 3553 TALLAHASSEE FL 32303	Mailing Address 1400 NO MONROE ST PO BOX 3553 TALLAHASSEE FL 32303
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3. Date Incorporated or Qualified 11/21/1988	Applied For
4. FEI Number 59-2912649	Not Applicable

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

5. Certificate of Status Desired <input 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	

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 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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Vice-President * <input type="checkbox"/> DELETE GREEN, LANE RT 1 BOX 678 TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP President * <input type="checkbox"/> DELETE POLIVKA-WEST, LUMARIE 307 W. PARK AVENUE TALLAHASSEE FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <input checked="" type="checkbox"/> DELETE MELICHAR, FRANCESCA 1543 CRESTVIEW AVENUE TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Treasurer * <input type="checkbox"/> DELETE SANDERS, JOE 250 E 6TH AVE. TALLAHASSEE FL 32315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Board member * <input type="checkbox"/> DELETE KOHLER, PAT 3009 HUNNINGTON ST TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE DEANS, HELEN 417 MURRAY STREET TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	* Michele Bourgeois, PhD, Co-SP (Secretary)
3.3 STREET ADDRESS	FSU
3.4 CITY - ST - ZIP	412 Regional Rehabilitation Center Tallahassee, FL 32306-2007
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 checked="" type="checkbox"/> Addition
6.2 NAME	* April Henkel D-member
6.3 STREET ADDRESS	1018 Thomasville Rd. Box C-2
6.4 CITY - ST - ZIP	Tallahassee, FL 32303

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: *Thomas J. Mcbought* **Thomas J. Mcbought - 6-98** 850 561-6869

CR2E087 (10/97)