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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29371

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/21/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2912649

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGOUGH, THOMAS J.
C/O 1400 NORTH MONROE STREET
1907 HOOT OWL HILL
TALLAHASSEE FL 32311

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP DELETE
NAME GREEN, LANE
STREET ADDRESS RT 1 BOX 678
CITY-ST-ZIP TALLAHASSEE FL 32312

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP DELETE
NAME POLIVKA-WEST, LUMARIE
STREET ADDRESS 307 W. PARK AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S DELETE
NAME BOURGEOIS, MICHELLE P CCC-SP
STREET ADDRESS FSU 412 REGIONAL REHABILITATION CENTER
CITY-ST-ZIP TALLAHASSEE FL 32306-2007

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT DELETE
NAME SANDERS, JOE
STREET ADDRESS 250 E 6TH AVE.
CITY-ST-ZIP TALLAHASSEE FL 32315

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME KOHLER, PAT
STREET ADDRESS 3009 HUNINGTON ST
CITY-ST-ZIP TALLAHASSEE FL 32312

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME HENKEL, APRIL
STREET ADDRESS 1018 THOMASVILLE RD, BOX C-2
CITY-ST-ZIP TALLAHASSEE FL 32303

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 J. Mc Gough 2-19-99 850 5616769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)