

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N29371

Entity Name: ALZHEIMER RESOURCE CENTER OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

1400 NO MONROE ST  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

1400 N. MONROE ST  
TALLAHASSEE, FL 32303 US

**Current Mailing Address:**

P O BOX 3553  
TALLAHASSEE, FL 32315

**New Mailing Address:**

P O BOX 3553  
TALLAHASSEE, FL 32315 US

FEI Number: 59-2912649      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MCGOUGH, THOMAS J.  
1907 HOOT OWL HILL  
TALLAHASSEE, FL 32311 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS J. MCGOUGH      04/28/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOURGEOIS, MICHELLE PH.D.  
Address: FSU 302 REGIONAL REHAB CENTER  
City-St-Zip: TALLAHASSEE, FL 323061200

Title: VP ( ) Delete  
Name: POLIVKA-WEST, LUMARIE  
Address: 307 W. PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP ( ) Delete  
Name: BENESH, JAN  
Address: 428 SUMMERBROOK DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT ( ) Delete  
Name: SANDERS, JOE  
Address: 250 E 6TH AVE.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: KOHLER, PATRICIA  
Address: 3009 HUNINGTON ST  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete  
Name: CAVALLARO, GINNY  
Address: 55 KENNEL LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BOURGEOIS, MICHELLE PH.D.  
Address: FSU 302 REGIONAL REHAB CENTER  
City-St-Zip: TALLAHASSEE, FL 323061200 US

Title: VP (X) Change ( ) Addition  
Name: POLIVKA-WEST, LUMARIE  
Address: 307 W. PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: DP (X) Change ( ) Addition  
Name: BENESH, JAN  
Address: 428 SUMMERBROOK DR  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DT (X) Change ( ) Addition  
Name: SANDERS, JOE  
Address: 250 E 6TH AVE.  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D (X) Change ( ) Addition  
Name: KOHLER, PATRICIA  
Address: 3009 HUNINGTON ST  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S (X) Change ( ) Addition  
Name: CAVALLARO, GINNY  
Address: 55 KENNEL LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE BOURGEOIS      P      04/28/2004  
Electronic Signature of Signing Officer or Director      Date