2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004049

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90089 006 ****61.25

1. Entity Name

ALZHEIMER'S FAMILY SERVICES, INC.

Principal Place of Business
2627C CREIGHTON RD
PENSACOLA FL 32504

Mailing Address
2627C CREIGHTON RD
PENSACOLA FL 32514-4722

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3454 E. Olive Rd.
Suite, Apt. #, etc.

3. Mailing Address: 3454 E. Olive Rd.
Suite, Apt. #, etc.

City & State: Pensacola FL
Zip: Country: Escambia

City & State: Pensacola FL
Zip: Country: Escambia

4. FEI Number: 59-3394242 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYO, JEAN K
10100 HILLVIEW DR, SUITE 6D
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name: ~~Vivian Krumel~~ Laura Glaze Ralston
Street Address (P.O. Box Number is Not Acceptable): 3454 E. Olive Rd.
City: Pensacola FL Zip Code: 32514

8. 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: Laura Glaze Ralston — Laura G. Ralston — 02/23/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Executive Director

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D Secretary ☐ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME	KICHLER, ADRIENNE	NAME	Carr, John B.
STREET ADDRESS	4870 MANDLETE	STREET ADDRESS	3298 Summit BLVD # 33-B
CITY-ST-ZIP	PENSACOLA FL 32504	CITY-ST-ZIP	Pensacola FL 32504
TITLE	D ☐ Delete	TITLE	Treasurer ☐ Change ☒ Addition
NAME	BRIGGS, WARREN	NAME	Champlin, Brooks
STREET ADDRESS	~~3361 PALERMO RD~~ 700 S. Palafox St.	STREET ADDRESS	125 W. Romana St, #700
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	Pensacola, FL 32501
TITLE	ED ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	RALSTON, LAURA GLAZE	NAME	MORIN, ROLAND
STREET ADDRESS	2143 INDA ~~PINE~~ AVE	STREET ADDRESS	224 Marigold DR. #104
CITY-ST-ZIP	PENSACOLA FL 32526	CITY-ST-ZIP	Pensacola, FL 32506
TITLE	D President ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	KRUMEL, VIVIAN	NAME	WALLACE, JOSEPH
STREET ADDRESS	~~3920 MONTEIGNE DR~~ 3298 Summit Blvd #33-A	STREET ADDRESS	1707 E. LEE ST
CITY-ST-ZIP	PENSACOLA FL 32504	CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	MURPHY, KATHERINE	NAME	YEAKLE, RONALD
STREET ADDRESS	309 DOLPHIN ST	STREET ADDRESS	4125 MENENDEZ DR
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	GAMBILL, JACK	NAME	MOREY, MARY
STREET ADDRESS	3841 NOBLES ST	STREET ADDRESS	717 POINCIANA DR.
CITY-ST-ZIP	PENSACOLA FL 32514	CITY-ST-ZIP	GULF BREEZE, FL 32561

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura G. Ralston — 2-23-00 — (850)478-1790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED