

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 768486 (3)

1. Corporation Name

DEDICATED ALTERNATIVE RESOURCES FOR THE ELDERLY,  
INC.

Principal Place of Business

P.O. BOX 14813  
GAINESVILLE FL 32604-4813

Mailing Address

P.O. BOX 14813  
GAINESVILLE FL 32604-4813



3. Date Incorporated or Qualified

05/17/1983

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2342080

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARSHALL, MELODY  
1935 NW 22ND ST  
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name

OTTO VON MERING

82 Street Address (P.O. Box Number is Not Acceptable)

818 NW 21st STREET  
ALACHUA COUNTY

84 City

GAINESVILLE

FL

85 Zip Code

32603

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]*

4-16-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

VPD

☒ DELETE

NAME

ZUMBRO, MARK

STREET ADDRESS

8416 SW 46TH RD

CITY - ST - ZIP

GAINESVILLE F

TITLE

PD

☒ DELETE

NAME

MARSHALL, MELODY

STREET ADDRESS

1935 NW 22ND ST

CITY - ST - ZIP

GAINESVILLE F

TITLE

S/D

☐ DELETE

NAME

LEWIS, LORTON MRS.

STREET ADDRESS

7720 N.W. 41ST AVENUE

CITY - ST - ZIP

GAINESVILLE FL

TITLE

T

☐ DELETE

NAME

HELENC, ELLIS

STREET ADDRESS

4041 NW 12 AVE

CITY - ST - ZIP

GAINESVILLE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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)(k), 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: *[Signature]*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-16-96

Daytime Phone

352-376-9572

CR2E037 (12/95)