NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 768486

(3)

DEDICATED ALTERNATIVE RESOURCES FOR THE ELDERLY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 14813 GAINESVILLE FL 32604-4813

P.O. BOX 14813 GAINESVILLE FL 32604-4813



3a. Date of Last Report

04/13/1995

3. Date Incorporated or Qualified

05/17/1983

└	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2342080	Not Applicable	
	pt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 28		28		Trust Fund Contribution	Added to Fees	
Zιρ	Country	Zıp	Country	8. This corporation has liability for intangible tax		
24 25 29		30 Florida Statutes ☐ Yes ☐ No		No .		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OTTO Vond OCTO						
				OTTO YOU MERI	NG	
MARSHALL, MELODY			82 Street			
, 1935 NW 22ND ST				Address (P.O. Box Number is Not Acceptable)	street	
GAINESVILLE FL 32605			83	ALACHUA COUN		
			R4 City 4			
				SARINOSVIUC FL	85 Zip Code 32603	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above paged corporation a horizontal and the attack of the statute o						
or registered agent, or both, in the State of Florida. Such change has authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tamiliar with, and accept the objection of, Section 57,0503, found Statutes.						
SIGNATURE Signature good barried name of registrate egent and up softmans (NOTE: Registered spent signature required when reinstating) DATE						
	Signature, types printed name of registered age		Hegistered Agent signature re	equired when reinstaling) DATE	· · · · · · · · · · · · · · · · · · ·	
12.		ND DIRECTORS	15.	ADDITIONS: CHANGES TO OFFICERS AND D		
TITLE	VPD	DELETE	1.1 TITLE	VD JESSE R. JONES	Change Addition	
NAME	ZUMBRO, MARK		1.2 NAME	LIONES		
STREET ADDRES	0110 011 10111 110		1.3 STREET ADDRESS	4 4 10 10 10 10 6 tu		
CITY-ST-Z-P	GAINESVILLE F		1.4 CITY - ST - ZIP	GENES VILLE, A	4.32601	
TITLE	PD	DELETE	2 1 TITLE	P/D	Change Addition	
NAME	MARCHALL, MELODY		2.2 NAME	OTTO VON MERIC	¥G	
STREET ADDRES	is 1935 NW 22ND ST		2.3 STREET ADDRESS	818 NW 215+ 37	REEL	
CITY-ST-ZIP	GAINESVILLE F		2 4 CITY-ST-ZIP	GAINESVILLE, &	2L \$2603	
TITLE	\$/D	DELETE	3 1 TITLE		Change Addition	
NAME	LEWIS, LORTON MRS.		3 2 NAME			
STREET ADDRES	S 7720 N.W. 41ST AVENUE		3 3 STREET ADDRESS		;	
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-ST-ZIP			
TITLE	T	DELETE	4 1 TITLE		Change	
NAME	HELENC, ELLIS		4. 2 NAME			
STREET ADDRES	,		4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITLE	Π	Change Addition	
NAME			5 2 NAME	500001สลกครั		
STREET ADDRES	s		5.3 STREET ADDRESS	50000183065 -05/20/9601071029		
CITY-ST-ZIP			54 CITY-ST-ZIP	***61.25		
TITLE		DELETE	6.1 TITLE		Change	
NAME			6.2 NAME			
STREET ADDRES	s		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
44 1 4 5 5 5			0.4 UIT-31-ZIF			

4. 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 of the corporation of the corpora

SIGNATURE: *

376-957

Daytime Phone

CR2E037 (12/95)