## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

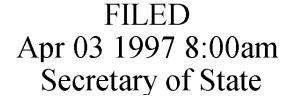
DOCUMENT # 768486

(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 32604-44	P.O. BOX 14813 GAINESVILLE FL 32604-4813					
					3. Date Incorporated or Qualified 05/17/1983	3a. Date of Las 05/17/1	t Report <b>996</b>	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21 [same as above]		26 [same as a	hove]		59-2342080		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		E Outflow (four parties)	<b>58.7</b>	5 Additional	
22		27			5. Certificate of Status Desired Fee Required			
City & State	)	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution			
Zip	Country	Zip	Coun	itry	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes Yes X No			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re-	pistered Agent		
			['	Name			ŀ	
MERING, OTTO V				32 Street A	Street Address (P.O. Box Number is Not Acceptable)			
818 NW 21ST STREET								
Gainesvi	ILLE FL 32603			83				
			<u> </u>	84 City		85 Z	ip Code	
			į			FL		
11. Pursuarit l office or re agent I a	to the provisions of Sections 617.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 617.1508, Florida Sta ate of Florida. Such change wa bligations of, Section 617.0503,	itutes, the abo as authorized Florida Statu	ove-named c by the corpo ites.	orporation submits this statement for the poration's board of directors. I hereby accep	urpose of changin t the appointment	g its registered as registered	
SIGNATURE								
	Signature, typed or printed name of registered			Agent signature re	equired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
THTLE	VD	☐ DELETE	1.1 TITU			☐ Chang	pe 🔲 Addition	
NAME	JONES, JESSE R		1.2 NA					
STREET ADDRESS	612 NE 10TH PLACE		1.3 STR	EET ADDRESS			į,	
CITY - ST - ZIP	GAINESVILLE FL 32601	——————————————————————————————————————		Y-ST-ZIP				
TITLE	PD	☐ DELET€	2.1 111	.E		Chang	ge []Addition [	
NAME	MERING, OTTO V		2.2 NA	AE				
STREET ADDRESS	818 NW 21ST STREET		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32603		2. 4 CIT	Y-ST-ZIP				
TITLE	SD	<b>★</b> DELETE	3.1 TITE	.E	SD	Chang	ge 🔲 Addition	
NAME {	LEWIS, LORTON MRS.		3.2 NA	AE .	HENDERSON, LINDA			
STREET ADDRESS	7720 N.W. 41ST AVENUE		3.3 STR	EET ADDRESS	3729 NW 29 STREET			
CITY-ST-ZIP	GAINESVILLE FL		3.4. C(T	Y-ST-ZIP	GAINESVILLE, FL 32605			
TITLE	Ţ	DELETE	4.1 TITU	.E		Chang	pe 🔲 Addition	
NAME	HELENO, ELLIS		4. 2 NA	ME	ELLIS, HELEN C.		Ì	
STREET ADDRESS	4041 NW 12 AVE		4.3 STR	EET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		4.4 CIT	Y-ST-ZIP				
TITLE		DELETE	5.1 TITE		D	☐ Chang	pe 😧 Addition	
NAME			5.2 NA		EPPES, MARGARET		1	
STREET ADDRESS			5.3 STR	EET ADDRESS	2215 NW 21 PLACE			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	GAINESVILLE, FL 32605			
TITLE		DELETE	6.1 TITU	.E		Chang	ge 🔲 Addition	
NAME			6.2 NA	AE				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
<del> </del>	ov certify that the information supp	lied with this filing does not ou			ated in Section 119.07(3)(i), Florida Statute	s. I further certify the	nat the	

4. To onereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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 on an attainment with address.

SIGNATURE:

3/29/9/ 352-376