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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

05/17/1983

4. FEI Number

59-2342080

Applied For
Not Applicable

2. Principal Place of Business 21 same as above	2a. Mailing Address 26 same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Country 25
Country 28	Zip 29
Country 30	

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERING, OTTO V
818 NW 21ST STREET
GAINESVILLE FL 32603**

81 Name Margaret C. Eppes	85 Zip Code 32605
82 Street Address (P.O. Box Number is Not Acceptable) 2215 NW 21st Place	
83 City Gainesville	
84 State FL	

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 **Margaret C. Eppes, President**

Margaret C. Eppes

DATE **April 21, 1998**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JONES, JESSE R		1.2 NAME Margaret C. Eppes	
STREET ADDRESS 612 NE 10TH PLACE		1.3 STREET ADDRESS 2215 NW 21st Place	
CITY-ST-ZIP GAINESVILLE FL 32601		1.4 CITY-ST-ZIP Gainesville, FL 32605	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MERING, OTTO V		2.2 NAME Dean LaFrentz	
STREET ADDRESS 818 NW 21ST STREET		2.3 STREET ADDRESS 2908 NW 10th Place	
CITY-ST-ZIP GAINESVILLE FL 32603		2.4 CITY-ST-ZIP Gainesville, FL 32605	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HENDERSON, LINDA		3.2 NAME Myrtice Eckerd	
STREET ADDRESS 3729 NW 29TH ST		3.3 STREET ADDRESS 9405 SW 21st Avenue	
CITY-ST-ZIP GAINESVILLE FL		3.4 CITY-ST-ZIP Gainesville, FL 32607	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIS, HELEN C		4.2 NAME Helen C. Ellis	
STREET ADDRESS 4041 NW 12 AVE		4.3 STREET ADDRESS 4041 NW 12th Avenue	
CITY-ST-ZIP GAINESVILLE FL		4.4 CITY-ST-ZIP Gainesville, FL 32605	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EPPE, MARGARET		5.2 NAME	
STREET ADDRESS 2215 NW 21 PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **Margaret C. Eppes**

Margaret C. Eppes

DATE **April 21, 1998** (352)378-0183

CR2E037 (10/97)