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Mar 12 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 # N09595 (2)

1. Corporation Name

ALZHEIMER'S ASSOCIATION GREATER PALM BEACH AREA CHAPTER, INC.

Principal Place of Business	Mailing Address
6401 CONGRESS AVENUE SUITE 265 BOCA RATON FL 33487	6401 CONGRESS AVENUE SUITE 265 BOCA RATON FL 33487

2. Principal Place of Business	2a. Mailing Address
21 1325 S. Congress Ave.	26 1325 S. Congress Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 203	27 Suite 203
City & State	City & State
23 Boynton Beach, FL	28 Boynton Beach, FL
Zip	Country
24 33426	25 Palm Bch
29 33426	30 Palm Beach

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNES, MARY M. 501 MONTEREY SQUARE BOYNTON BEACH FL 33436	81 Name Mark Pafford 82 Street Address (P.O. Box Number is Not Acceptable) 14693 64th Court N. 83 84 City Loxahatchee FL 85 33470

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]* (NOTE: Registered Agent signature required when reinstating) DATE 2/24/98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D ZINK, CHARLES
STREET ADDRESS	7800 CLOVER FIELD CIRCLE
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	P THOMPSON, NANCY E
STREET ADDRESS	924 SUN ACRES LANE
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CLARK, SAM
STREET ADDRESS	28 BURNING TREE LANE
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T TAMMANY, JOSEPH
STREET ADDRESS	899 SE 2ND AVE #121
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D LAMM, ROBERT
STREET ADDRESS	2588 NW 64TH BLVD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SADOWSKY, CARL H
STREET ADDRESS	5205 GREENWOOD AVE #200
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Eisner, Larry
1.3 STREET ADDRESS	5458 Town Center Rd, Suite 5
1.4 CITY-ST-ZIP	Boca Raton, FL 33486
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Frank, John
2.3 STREET ADDRESS	400 Sea Sage Fr. #1104
2.4 CITY-ST-ZIP	Delray Beach, FL 33483
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Nancy E. Thompson 2/24/98 (561)740-1180

CR2E037 (10/97)