


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90079 033 ****70.00

DOCUMENT # N15548	
1. Entity Name ALZHEIMER'S FAMILY CENTER, INC.	

Principal Place of Business 4900 W. ATLANTIC BLVD., SUITE 4 MARGATE FL 33063	Mailing Address 4900 W. ATLANTIC BLVD., SUITE 4 MARGATE FL 33063
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2. Principal Place of Business 6280 W. Atlantic Blvd. Suite, Apt. #, etc.	3. Mailing Address 6280 W. Atlantic Blvd. Suite, Apt. #, etc.
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City & State Margate, Florida	City & State Margate, Florida
Zip 33063	Country Broward
Zip 33063	Country Broward



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2768189	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGEL, JEROME R. 800 W CYPRESS CREEK ROAD SUITE 502 FT LAUDERDALE FL 33309	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PPD NAME O'GRADY, KEVIN ESQ. STREET ADDRESS 200 E. BROWARD BLVD, #1500 CITY-ST-ZIP FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete	TITLE V/D NAME Genova, Anthony J STREET ADDRESS 881 SW 55 Terrace CITY-ST-ZIP Pompano Beach, FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GENOVA, ANTHONY J STREET ADDRESS 881 SW 55 TERRACE CITY-ST-ZIP POMPAÑO BEACH FL 33068	<input type="checkbox"/> Delete	TITLE V/D NAME Toohey, Becky STREET ADDRESS 4411 Coconut Creek Blvd. CITY-ST-ZIP Coconut Creek, FL 33066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME MURRAY, TODD H DR STREET ADDRESS 1841 NE 45TH STREER CITY-ST-ZIP FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SMITH, JAY STREET ADDRESS 6927 NW 27TH COURT CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME RIVERA, DAVID J STREET ADDRESS 4800 W. COPANS ROAD CITY-ST-ZIP COCONUT CREEK FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME RESNICK, GARY STREET ADDRESS 2800 NW 10 AVE CITY-ST-ZIP WILTON MANORS FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce M. Karney **Joyce M. Karney, Exec.Dir. 2/23/05 954-971-7155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

ATTACHMENT
20016768

#N15548

Alzheimer's Family Center, Inc.

Honorary Chair
State Representative Jack N. Tobin

BOARD OF DIRECTORS

President

David J. Rivera

1st Vice President

Anthony J. Genova

2nd Vice President

Commissioner Becky Tooley

Treasurer

Jay Smith

Secretary

Dr. H. Murray Todd

Past Presidents

Anthony J. Genova

Kevin O'Grady, Esquire

Lesley Tobin

Fred Weinberger, Esquire (deceased)

Scott Colton

Alice Reiter Feld, Esquire

Donald Fischer

Marc Gagnon

Rachel Goldberg

Ellen Masters, MSW

Gary Resnick, Esquire

Debbie Robins, MSW, CASW

Marty Rubinstein

Philip Solomon, L.M.H.C.

Edith Soto

Vice Mayor Joseph Varsallone

Trustees

Norman Abramowitz

Beatrice Soff

Jerome Siegel, Esquire

Lesley Tobin

Executive Director, Joyce M. Karney