FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N16918

(7)

N.E. ALZHEIMER'S DAY CARE CENTER, INC.								
Principal Place of Business	Mailing Address				. LEBINAN TALINAN TINKA MINYA MINA	i ildii didii disii bidii didii	71911 BIBIT 1981	
227 NW 2ND ST. DEERFIELD BEACH FL 33441 US 227 NW 2ND ST. DEERFIELD BEACH FL 33441 US								
US	US				3. Date Incorporated or Qualified 09/19/1986	3a. Date of Last 03/13/19		
2. Principal Place of Business	2a. Mailing Address 26	1 -			4. FEI Number Applied For 59-2746841 Not Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	,			Election Campaign Financing Trust Fund Contribution	Adde	O May Be d to Fees	
Zip Country 25	Zip 29	Cour 30	itry		8. This corporation has liability for Florida Statutes 10. Name and Address of New Florida	☐ Yes ☐ No	199.032,	
9. Name and Address of	Current Registered Agent		81 Nam		10. Name and Address of few P	registered Agent		
					YMOND N. FOX			
WEINSTEIN, RALPH			82 Stree	t Addre	RAYMOND N. FOX Address (P.O. Box Number is Not Acceptable)			
2281 SW 15TH ST.			83		1589 S.W. 21st TERRACE			
#142 DEERFIELD BEACH FL 33442		Ĺ				1221 2	. ^	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes or registered agent, of both, in the State of Florida. Such change was authorized agent.			84 City	DE	ERFIELD BEACH,	FL 85 Zip	3441	
or registered agent, of both, in the State familiar with, and accept the obligations	of Florida. Such change was authorize of, Section 617.0503, Florida Statutes.	ed by the c	orporation	's board	of directors. I hereby accept the app	ointment as registered	agent. I am	
	ered agent and title if applicable. RAYMONE ERS AND DIRECTORS	Registered	E9X.	PRF	ADDITIONS/CHANGES TO OFF	2/13/96	DRS IN 12	
12. OFFICE	DELETE	1.1 70			7,00110101010101010101010101	Change	Addition	
NAME WEINSTEIN, RALPH		1.2 NA		m D	EASURER	ATA	_	
STREET ADDRESS 2281 SW 15TH ST. #1	42	1.3 ST	REET ADDRES	,	ERSORER			
CITY-SI-ZIP DEERFIELD BCH. FL		1.4 00	IY-ST-ZIP					
TIFLE D	DEFELE	2 1 Til	LE			Change	Addition	
NAME BUDD, BENJAMIN		2.2 NA	ME					
STREET ADDRESS 1039 BERKSHIRE B		2.3 ST	REET ADORES	s				
CITY-ST-ZIP DEERFIELD BCH. FL.			TY - ST - ZIP			• FabChange	Addition	
TITLE VD	DEFELE	3.1 Til				Change	L. retaillou	
NAME FOX, RAYMOND STREET ADDRESS 1589 SW 21ST TERR.		3.2 NA	ime Reet addres	1	ESIDENT			
DEEDELEI D DOU EI			TY-ST-ZIP	°				
011 01 21	DELETE	4 1 T/		+	1 1840 18	☐ Change	Addition	
ATCE-EKESIDE	SNT -	4.2 N					nn	
noward Passi		4.3 S1	REET ADDRES	s				
1 000 0 1 11111	RACH TRAIL	4.4 CI	TY-ST-ZIP					
DEEKETEDD BE	EACH, FL 33442	5.1 Ti			8000017	4/84 1789	Addition	
NAME		5.2 N/	AME		-03/1 2 /9801	Ø24036		
STREET ADDRESS		5.3 \$1	REET ADDRES	s	****61.25			
CITY-S1-ZIP	Porter		TY-ST-ZIP		<u>, t (</u>	Change	Addition	
TITLE	DELETE	6.1 T				□ cualige	CT Addition	
NAME		62 N						
STREFT ADDRESS			REET ADORE:	" #	Dee hu Ronk			
14. I do hereby certify that the information s	supplied with this filing is voluntarily furn	iched and	TY-ST-ZIP does not	quality fo	or the exemption stated in Section 116	9.07(3)(k), Florida Statu	ites. I further	
certify that the information is certify that the information indicated on cath; that I am an officer or director of the appears in Block 12 or Block 13 if chan	this annual report or supplemental ann he corporation or the receiver or truste iged, or on an attachment with an addr	ual report i e empowe ess.	s true and red to exe	accurat cute this	te and that my signature shall have the s report as required by Chapter 617, f	e same legal effect as Florida Statutes; and th	if made under lat my name	

SIGNATURE:

RAYMOND N. FOX, PRESIDENT 2/13/96

(954)427-7741