NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **N26285**

1. Corporation Name

## MARION COUNTY ALZHEIMER'S GROUP, INC.

| Principal Place of Business MAI IIMG | Mailing Address                  |
|--------------------------------------|----------------------------------|
| 3300 S.W. 34 AVE. F7 d.d.            | P. O. BOX 6438<br>OCALA EL 84478 |
| OCALA FL 34474                       | US                               |
| US                                   |                                  |

## FILED Feb 22, 1999 8:00 am Secretary of State

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| Suite, Apr 22 City & Sta 23 Zip 24 BENDUL 4680 N.W OCALA I   | Country  25  9. Name and Address of Current  A, JEAN M.  V. 80 CT  L 34482-2056  It to the provisions of Sections 617.0502 registered agent, or both, in the State cam familiar with, and accept the obligati   | and 617.1508, Florida Sta<br>of Florida. Such change wa<br>ions of, Section 617.0503,  | atutes, the assauthorize   | d by t  | City  | 95. Cer 6. Ele- Tru 10. Nai              | te Incorporated or Qual 1/05/1988 I Number 1-2930981 rtifcate of Status Desiruction Campaign Finantist Fund Contribution me and Address of Number is Not Address of Number  | red             | Not \$8.75 A Fee Rec \$5.00 I Added to A gent  L 85 Zip C | quired May Be D Fees Ode                  |
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| City & Sta  Zip  Zip  24  BENDUL  4680 N.V  OCALA I  11. Pursuan  office or agent. I  SIGNATURE                          | Country  25  9. Name and Address of Current  A, JEAN M.  V. 80 CT  L 34482-2056  It to the provisions of Sections 617.0502 registered agent, or both, in the State cam familiar with, and accept the obligati   | Suite, Apt. #, etc. 27 City & State 28 Zip 29 Registered Agent  2 and 617.1508, Florida State of Florida. Such change water of Section 617.0503,   | atutes, the assauthorize   | 81<br>82<br>83<br>84  | Street A  | 4. FEI 59 5. Cer 6. Ele- Tru 10. Nai     | Number -2930981  rtifcate of Status Desir ction Campaign Finan ist Fund Contribution me and Address of N  Box Number is Not Address bmits this statement for   | New Registere   | Not \$8.75 A Fee Rec \$5.00 I Added to A gent  L 85 Zip C | Applicable dditional quired May Be D Fees |
| Suite, Api 22 City & Sta 23 Zip 24 BENDUL 4680 N.V OCALA I  11. Pursuan office or agent. I SIGNATURE                     | Country  25  9. Name and Address of Current  A, JEAN M.  V. 80 CT  L 34482-2056  It to the provisions of Sections 617.0502 registered agent, or both, in the State cam familiar with, and accept the obligati   | Zip Zip Zip Zip Zip And 617.1508, Florida State of Florida. Such change was ions of, Section 617.0503,   | atutes, the assauthorize   | 81<br>82<br>83<br>84  | Street A  | 5. Cer 6. Ele- Tru 10. Nai               | rtifcate of Status Desiruction Campaign Finantist Fund Contribution me and Address of Market Box Number is Not Address of Market Box Numbe | New Registere   | Not \$8.75 A Fee Rec \$5.00 I Added to A gent  L 85 Zip C | Applicable dditional quired May Be D Fees |
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| 4680 N.V<br>OCALA I<br>11. Pursuan<br>office or<br>agent. I<br>SIGNATURE   | A, JEAN M. V. 80 CT L 34482-2056 t to the provisions of Sections 617.0502 registered agent, or both, in the State cam familiar with, and accept the obligati  | and 617.1508, Florida Sta<br>of Florida. Such change wa<br>ions of, Section 617.0503,  | is authorize<br>Florida Stat   | 82<br>83<br>84<br>above   | Street A  | orporation sub                           | Box Number is Not Ac   | cceptable)      | L 85 Zip C  | egistered                                 |
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| 11. Pursuan office or agent. I   | V. 80 CT  | of Florida. Such change water to the state of the state o | is authorize<br>Florida Stat   | 83<br>84<br>above   | City  | corporation sub                          | bmits this statement fo  | For the purpose | of changing its   | egistered                                 |
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| 11. Pursuan<br>office or<br>agent. I<br>SIGNATURE  | t to the provisions of Sections 617.0502 registered agent, or both, in the State carn familiar with, and accept the obligati  | of Florida. Such change water to the state of the state o | is authorize<br>Florida Stat   | 84<br>above   | -named o  | corporation sub<br>ration's board        | bmits this statement fo<br>of directors. I hereby  | or the purpose  | of changing its   | egistered                                 |
| office or<br>agent. I<br>SIGNATURE   | registered agent, or both, in the State of<br>arm familiar with, and accept the obligati<br>:<br>Signature, typed or printed name of registered agent   | of Florida. Such change water to the state of the state o | is authorize<br>Florida Stat   | above<br>d by t   | -named o  | corporation sul<br>ration's board        | bmits this statement for of directors. I hereby  | or the purpose  | of changing its   | egistered                                 |
| office or<br>agent. I<br>SIGNATURE   | registered agent, or both, in the State of<br>arm familiar with, and accept the obligati<br>:<br>Signature, typed or printed name of registered agent   | of Florida. Such change water to the state of the state o | is authorize<br>Florida Stat   | d by t  | the corpo   | corporation sub<br>ration's board        | bmits this statement for<br>of directors. I hereby   | or the purpose  | of changing its   | egistered<br>istered                      |
| office or<br>agent. I<br>SIGNATURE   | registered agent, or both, in the State of<br>arm familiar with, and accept the obligati<br>:<br>Signature, typed or printed name of registered agent   | of Florida. Such change water to the state of the state o | is authorize<br>Florida Stat   | d by t  | the corpo   | ration's board                           | of directors. I hereby   | accept the app  | ointment as reg   | istered                                   |
| SIGNATURE  | Signature, typed or printed name of registered agent  |  |  | tutes.  |   |  |  |                 |   | ` ]                                       |
|  | Signature, typed or printed name of registered agent  | and title if applicable (N   |  |   |   |  |  |                 |   |   |
|  |   |  |  | 4 8 0 7 18  |   | quired when reinsta                      | #>   | DATE            |   |   |
| 12.  |   | DIRECTORS  | 13.  |   | signature re  | ·  | ITIONS/CHANGES TO  |                 | AND DIRECTOR  | RS IN 12                                  |
| TITLE  | VP OF FIGURE  | DELETE   |  |   |   |  | dent   | 0 0171021101    | [7] Change  | Addition                                  |
| NAME   | CARTER, NANCY   |  |  | AME   |   | , , ( C ).                               | Gen (  |                 | * ,   | _   |
| STREET ADDRESS   | 4044 0 - 4451 0-  |  |  |   | ADDRESS   |  |  |                 |   |   |
| CITY-ST-ZIP  | OCALA FL 34480  |  | F F  | XTY-ST  | - 1   |  |  |                 |   | 1   |
|  | 1   | <b>₩</b> DELETE  |  |   |   | nizes                                    | +4 F3 ( )  |                 | Change  | Addition                                  |
|  | 1   | ,  | 2.2 N  | AME   |   |  |  |                 |   | _   |
|  | 1   |  | 238  | TREET   | ADDRESS   | 90.70                                    | 512 YEA  | سعر             |   |   |
|  | 1   |  |  |   |   | QuA1                                     | - 7-1 3441   | 81              |   |   |
| TITLE  | T   | ☐ DELETE   |  |   |   |  |  |                 | ☐ Change  | Addition                                  |
| NAME   | GARY FILEN  |  | 3.2 N  | IAME  | [   |  |  |                 |   |   |
| STREET ADDRES  | , , <del>-</del>  |  | 3.3 8  | TREET   | ADDRESS   |  | •  |                 |   | }   |
| CITY-ST-7IP  |   |  | 34.0   | CITY-ST   | r-zip   |  |  |                 |   | Ì   |
| TITLE  | VD VD   | DELETE   |  |   |   | DIRE                                     | CTOR   |                 | ☐ Change  | Addition                                  |
| NAME   | , ,,  |  | 4.21   | NAME  | }   | DAN                                      | Beelor   | m               |   |   |
| STREET ADDRESS   |   |  | 4.3 S  | TREET   | ADDRESS   | 4100                                     | SW 331   | mre.            |   |   |
| CITY-ST-ZIP  | 1   |  | 4.4 C  | TZ-YTK  | -ZIP  | OCALO                                    | 2 F1 344   | 74              |   | ,   |
| TITLE  | P   | ☐ DELETE   | 5.1 T  | TILE  |   | ۵  |  |                 | Change Change   | Addition                                  |
| NAME   | OVERLY, FENTON  |  | 5.2 N  | AME   | 1   | -  |  |                 |   | ļ   |
| STREET ADDRESS   | 1   |  | 5.3 S  | TREET   | ADDRESS   |  |  |                 |   | }   |
| CITY-ST-ZIP  | OCALA FL 34481  |  |  | TY-ST   | ZIP   |  |  |                 |   |   |
| TITLE  | S   | ☐ DELETE   | 6.1 TI   | ITLE  |   |  |  |                 | Change  | Addition                                  |
| NAME   | HOLLAND, DOROTHY  |  | 6.2 N  | AME   | ļ   |  | •  |                 |   | Ì   |
|  | 1   |  | 6.3 S  | TREET   | ADDRESS   |  |  |                 |   | ļ   |
| STREET ADDRESS   | BELLVIEW FL 34420   |  | 6.4 C  | ITY-ST-   | .71P  |  |  |                 |   |   |
| NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME NAME | OCALA FL T GARY, ELLEN 16924 S/E/ 63 LANE OCKLAWAHA FL 32179 VD HICKSON, ROBERT 12910 US HWY 27 OCALA FL P OVERLY, FENTON 9072 A. S.W. 96 LANE OCALA FL 34481 S HOLLAND, DOROTHY 6040 SE. 126 ST.   | DELETE   | 22 N<br>23 S<br>2.4 C<br>3.1 Ti<br>32 N<br>33 S<br>34. C<br>4.1 Ti<br>4.2 N<br>4.3 S<br>4.4 C<br>5.1 Ti<br>5.2 N<br>5.3 S<br>5.4 C<br>6.1 Ti<br>6.2 N<br>6.3 S | TREET/ CITY-ST TITLE  LAME TREET/ TITLE | ADDRESS I-ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP | DIR 2<br>DIR 2<br>DIR 2<br>DIR 0<br>VIOC | CHOR<br>SWYCA<br>SWYCA<br>E, 71 344<br>BECLOR<br>SW 33   | 81<br>Ave       | ☐ Change ☐ Change   |   |

I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 1999 237-1388

Date 1 1999 237-1388

CR2E037 (11/9