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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90082 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26285

1. Corporation Name

MARION COUNTY ALZHEIMER'S GROUP, INC.

95587 - 90082 - 45

Principal Place of Business

3300 S.W. 34 AVE.
SUITE 160-3
OCALA FL 34474
US

Mailing Address

~~P.O. BOX 6438
OCALA FL 34478
US~~



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/05/1988
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2930981
24 Country	30 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BENDULA, JEAN M.
4680 N.W. 80 CT
OCALA FL 34482-2056

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, NANCY	1.2 NAME	
STREET ADDRESS	4311 S.E. 44TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARK	2.2 NAME	JULIE KAYLOR
STREET ADDRESS	3150 N.E. 36 AVE BOX 176	2.3 STREET ADDRESS	9070 SW 80 AVE
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA FL 34481
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GARY, ELLEN	3.2 NAME	
STREET ADDRESS	16924 S/E/ 63 LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL 32179	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKSON, ROBERT	4.2 NAME	DAN BEELOR
STREET ADDRESS	12910 US HWY 27	4.3 STREET ADDRESS	4100 SW 33 AVE
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	OCALA FL 34474
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERLY, FENTON	5.2 NAME	
STREET ADDRESS	9072 A. S.W. 96 LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOLLAND, DOROTHY	6.2 NAME	
STREET ADDRESS	6040 SE. 126 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLVIEW FL 34420	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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 1999 (352)
237-1388
Date Daytime Phone #

CR2E037 (11/98)