FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002103 (8)**

1. Corporation Name

ALVIN A. DUBIN ALZHEIMER'S RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
3595 BROADWAY FORT MYERS FL 33907	PO BOX 6277 FORT MYERS FL 33911

3. Date Incorporated or Qualified: 05/02/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 9470 Healthpark Circle
22: Suite, Apt. #, etc.
23: City & State: Fort Myers FL
24: Zip: 33908
25: Country: USA

2a. Mailing Address
26: Same as above
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0580633 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

OSTERHOUT, JULIE
10175-4 SIX MILE CYPRESS PARKWAY
FORT MYERS FL 33912

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAGGIANO, LINDY		1.2 NAME		
STREET ADDRESS	3600 EVANS AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAISMAN, PAMELA J		2.2 NAME		
STREET ADDRESS	12645 NEW BRITTANY BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, JOANNE		3.2 NAME		
STREET ADDRESS	1600 MATTHEW ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SLACK, LAURA		4.2 NAME		
STREET ADDRESS	1333 SANTA BARBARA BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33991		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BECKWITH, WILLIAM		5.2 NAME		
STREET ADDRESS	% 3595 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE	secretary	☒ Change ☐ Addition
NAME	GROSS, VALERIE		6.2 NAME		
STREET ADDRESS	2776 CLEVELAND AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Laura Slack Treasurer 3-21-96 941-772-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #