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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
9470 HEALTHPARK CIRCLE FORT MYERS FL 33908 US	940 HEALTHPARK CIRCLE FT MYERS FL 33908 US

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

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

2. Principal Place of Business	2a. Mailing Address
21	26 9470 HealthPark Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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	ENSLEN, BILL		1.2 NAME		(address)
STREET ADDRESS	130 DEL PRADO BLVD		1.3 STREET ADDRESS	9470 HealthPark	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	Fort Myers FL 33908	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	OSTERHOUT, JULIE		2.2 NAME	Nancy Zant	
STREET ADDRESS	10175 SIX MILE CYPRESS PARKWAY		2.3 STREET ADDRESS	1600 Matthew Drive	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SIEDERER, KURT		3.2 NAME		(address)
STREET ADDRESS	1355 BROADWATER		3.3 STREET ADDRESS	1499 Brandywine Circle Apt. 247	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	Fort Myers FL 33919	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BECKWITH, WILLIAM		4.2 NAME		
STREET ADDRESS	% 3595 BROADWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	VANPELT, BECKY		5.2 NAME	Julie Osterhout	
STREET ADDRESS	3655 MEADOWBROOK DR		5.3 STREET ADDRESS	10175-4 Six Mile Cypress Pkwy	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP	Fort Myers FL 33912	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: B. Enslen SIGNATURE REQUIRED Bill Enslen 4-6-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #