2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90260 009 ****61.25

DOCUMENT # N95000002103

1. Entity Name
ALVIN A. DUBIN ALZHEIMER'S RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
10051 MCGREGOR BLVD. SUITE 101 FORT MYERS, FL 33919 US	10051 MCGREGOR BLVD. SUITE 101 FORT MYERS, FL 33919 US

04212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSTERHOUT, JULIE 3738 SEAGO LANE FORT MYERS, FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYWARD, ARCHIE B JR PO BOX 447 FORT MYERS, FL 33902	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HESSEL, PATRICIA 8695 COLLEGE PKWY FORT MYERS, FL 33919	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELISLE, JOHN PO BOX 60139 FORT MYERS, FL 33906	☒ Delete	Treasurer Douglas Waldorf Jr. PO Box 280 Ft Myers FL 33902	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHIMP, KATHLEEN 822 CYPRESS LAKE CIRCLE FORT MYERS, FL 33919	☐ Delete	Vice President Shimp, Kathleen 822 Cypress Lake Cir Ft. Myers FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PONTIUS, LOU 16742 PANTHER PAW CT. FORT MYERS, FL 33908	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia McHessel 4/22/05 (239) 482-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #