


FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005960 (8)**

1. Corporation Name

PORT ST. LUCIE ALZHEIMER'S SUPPORT GROUP, INC.



Principal Place of Business	Mailing Address
5454 N.W. COMMODORE TERRACE PORT ST. LUCIE FL 34983	5454 N.W. COMMODORE TERRACE PORT ST. LUCIE FL 34983-2303

3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number APPLIED FOR 65-0657087	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HULL, DOROTHY E
5454 N.W. COMMODORE TERRACE
PORT ST. LUCIE FL 34983**

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BRIGGS, DONALD L.	1.2 NAME	Elizabeth Munkel
STREET ADDRESS	2561 S.E. MARIUS ST.	1.3 STREET ADDRESS	3990 SW Brunswick St.
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DS GEYER, EVELYN	2.2 NAME	Vi Cahill
STREET ADDRESS	457 S.W. EASTPORT CIRCLE	2.3 STREET ADDRESS	4326 Gator Trace Cir.
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34983
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BROWN, SR., JAMES W	3.2 NAME	Linwood Lawrence
STREET ADDRESS	8531 FLORENCE DR.	3.3 STREET ADDRESS	1100 SW Shoreline Dr
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	3.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP HULL, DOROTHY	4.2 NAME	Eleanor Hudson
STREET ADDRESS	5484 N.W. COMMODORE TERR.	4.3 STREET ADDRESS	1797 SE CANORA RD.
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	4.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DT HULL, CHARLES H	5.2 NAME	Dorothy McCall
STREET ADDRESS	5484 N.W. COMMODORE TERR.	5.3 STREET ADDRESS	1811 Vesthaven Ct.
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	5.4 CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 _____

CR2E037 (9/96)