


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 5454 N.W. COMMODORE TERRACE PORT ST. LUCIE FL 34983	Mailing Address 5454 N.W. COMMODORE TERRACE PORT ST. LUCIE FL 34983
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3. Date Incorporated or Qualified

12/15/1995

4. FEI Number

65-0657087

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5464 NW Commodore Ter.

28 5464 NW Commodore Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
Port St Lucie, FL

27
City & State
Port St. Lucie, FL

Zip

Country

24 34983

25 USA

Zip

Country

29 34983

30 USA

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

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

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	D	<input type="checkbox"/> DELETE
NAME	BRIGGS, DONALD L.	
STREET ADDRESS	2561 S.E. MARIUS ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MURAD, ELIZABETH	
STREET ADDRESS	3990 SW BRUNSWICK ST	
CITY-ST-ZIP	PT ST LUCIE FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, SR., JAMES W	
STREET ADDRESS	6531 FLORENCE DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HULL, DOROTHY	
STREET ADDRESS	5464 N.W. COMMODORE TERR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	HULL, CHARLES H	
STREET ADDRESS	5464 N.W. COMMODORE TERR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	CAHILL, VI	
STREET ADDRESS	4326 GATOR TRACE CIR	
CITY-ST-ZIP	FT PIERCE FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

Sandra B. Mortham *Dorothy Hull*

5/1/98

56-340-2226

CR2E037 (1097)