

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90167 044 ****61.25

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1. Corporation Name

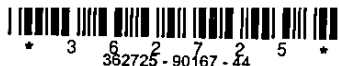
PORT ST. LUCIE ALZHEIMER'S SUPPORT GROUP, INC.

Principal Place of Business

5464 NW COMMODORE TERR
PORT ST. LUCIE FL 34983
US

Mailing Address

5464 NW COMMODORE TERR
PORT ST. LUCIE FL 34983
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/15/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0657087

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24 25 29 30 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 ☐ DELETE

NAME
D
BRIGGS, DONALD L.
STREET ADDRESS
2561 S.E. MARIUS ST.
CITY-ST-ZIP
PORT ST. LUCIE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
MURAD, ELIZABETH
STREET ADDRESS
3990 SW BRUNSWICK ST
CITY-ST-ZIP
PT ST LUCIE FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
BROWN, SR., JAMES W
STREET ADDRESS
8531 FLORENCE DR.
CITY-ST-ZIP
PORT ST. LUCIE FL 34952

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
DP
HULL, DOROTHY
STREET ADDRESS
5464 N.W. COMMODORE TERR.
CITY-ST-ZIP
PORT ST. LUCIE FL 34983

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
DT
HULL, CHARLES H
STREET ADDRESS
5464 N.W. COMMODORE TERR.
CITY-ST-ZIP
PORT ST. LUCIE FL 34983

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
DS
CAHILL, VI
STREET ADDRESS
4326 GATOR TRACE CIR
CITY-ST-ZIP
FT PIERCE FL

2.2 NAME ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Hull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)