FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # N96000004049 (0)

1. Corporation Name
ALZHEIMER'S FAMILY SERVICES, INC.

Principal Place of Business	Mailing Address
10100 HILLVIEW DR. SUITE 6D PENSACOLA FL 32514	10100 HILLVIEW DR. SUITE 6D PENSACOLA FL 32514-5799

3. Date Incorporated or Qualified: 07/25/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 2627C Creighton Rd.
Suite, Apt. #, etc. 22:
City & State 23: Pensacola, FL
Zip 24: 32504 Country 25: USA

2a. Mailing Address
26: 2627C Creighton Rd
Suite, Apt. #, etc. 27:
City & State 28: Pensacola, FL
Zip 29: 32504 Country 30: USA

4. FEI Number: 59-3394242 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAYO, JEAN K
10100 HILLVIEW DR, SUITE 6D
PENSACOLA FL 32514

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	D	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	JACOBI, DAVID		1.2 NAME	Jacobi, David	
STREET ADDRESS	1317 E GADSDEN ST		1.3 STREET ADDRESS	P.O. Box 12646, N.A.	
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY-ST-ZIP	Pensacola, FL 32574	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, WARREN		2.2 NAME		
STREET ADDRESS	3361 PALERMO RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	KING, REV. HUGH		3.2 NAME	King, Rev. Hugh	
STREET ADDRESS	1016 NORTH A STREET		3.3 STREET ADDRESS	1300 N. Guillemard St.	
CITY-ST-ZIP	PENSACOLA FL 32501		3.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRUMEL, VIVIAN		4.2 NAME		
STREET ADDRESS	3920 MONTEIGNE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, KATHERINE		5.2 NAME		
STREET ADDRESS	309 DOLPHIN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GAMBILL, JACK		6.2 NAME		
STREET ADDRESS	3841 NOBLES ST		6.3 STREET ADDRESS	Bank Dep. # 61.25	VB 3-18
CITY-ST-ZIP	PENSACOLA FL 32514		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 with an address.

SIGNATURE: CHARLES J. GAMBILL Director 3-14-97 904-438-3761