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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N96000004049 (0)**

1. Corporation Name

ALZHEIMER'S FAMILY SERVICES, INC.

Principal Place of Business	Mailing Address
2627C CREIGHTON RD PENSACOLA FL 32504	2627C CREIGHTON RD PENSACOLA FL 32504

3. Date Incorporated or Qualified: 07/25/1996

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

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

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

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	D	☐ Change ☒ Addition
NAME	JACOBI, DAVID		1.2 NAME	KICHLER, ADRIENNE	
STREET ADDRESS	P O BOX 12646, N/A		1.3 STREET ADDRESS	4870 MANOLETE	
CITY-ST-ZIP	PENSACOLA FL 32574		1.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BRIGGS, WARREN		2.2 NAME	MOREY, MARY	
STREET ADDRESS	3361 PALERMO RD		2.3 STREET ADDRESS	717 LOUISIANA DR.	
CITY-ST-ZIP	PENSACOLA FL 32501		2. 4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☒ Addition
NAME	KING, REV. HUGH		3.2 NAME	MORIN, ROLAND	
STREET ADDRESS	1300 N GUILLEMARD ST		3.3 STREET ADDRESS	28726 N. MAIN ST.	
CITY-ST-ZIP	PENSACOLA FL 32501		3.4. CITY-ST-ZIP	DAPHNE, AL 36526	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KRUMEL, VIVIAN		4. 2 NAME	STAGNER, HANNAH	
STREET ADDRESS	3920 MONTEIGNE DR		4.3 STREET ADDRESS	4835 VELASQUEZ ST.	
CITY-ST-ZIP	PENSACOLA FL 32504		4.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MURPHY, KATHERINE		5.2 NAME	WALLACE, JOSEPH	
STREET ADDRESS	309 DOLPHIN ST		5.3 STREET ADDRESS	1707 E. LEE ST.	
CITY-ST-ZIP	GULF BREEZE FL 32561		5.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GAMBILL, JACK		6.2 NAME		
STREET ADDRESS	3841 NOBLES ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Jack Gambill **TITLE REQUIRED** 1/26/98 (850)478-7790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #