FILE NOW: FILING FEE IS \$61.25

"NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600004049

1. Corporation Name

ALZHEIMER'S FAMILY SERVICES, INC.

FILED Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90032 014 ****61.25

Principal Place of Business Mailing Address									
2627C CREIGHTON RD 2627C CREIGHTON RD						L CORRECT REAL CRIME BOOK CORN ADDIT	LE COL E EGU F	ALLA CACAL BRANCE	LOUG LOCK LOCK
PENSACOLA FL 32504 PENSACOLA FL 32504									
}								Bişi Ribii Gniti Ri	
							•		
2 Principal P	lace of Business	2a. Mailing Address				Date Incorporated or Qualifed			
¬ · · · · · · · · · · · · · · · · · · ·						07/25/1996			
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number		Ap	plied For
22 27						59-3394242		 	t Applicable
City & State City & State						E. Continue of Status Desired		\$8.75 A	dditional
23 28						5. Certificate of Status Desired		Fee Re	quired
Zip	Country	Zip	Count	iry		6. Election Campaign Financing		\$5.00	May Be
24	25	29	30			Trust Fund Contribution		Added to	o Fees
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered	Agent	
			8	31 N	Name				
MAYO, JEAN K			8	32 5	Street Addre	ess (P.O. Box Number is Not Acceptate	le)		
10100 HILLVIEW DR, SUITE 6D			 -						
PENSACO	DLA FL 32514		8	33					
i			8	34 C	City			85 Zip C	ode
							<u>FL</u>	<u> </u>	
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statut e of Florida, Such change was a	es, the abo uthorized b	ove-na	amed corpo	pration submits this statement for the pan's board of directors. I hereby accept	urpose of the appo	changing its intment as rer	registered gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617,0503, Flo	rida Statut	es.		, , , , , , , , , , , , , , , , , , , ,		•	
SIGNATURE					_				
	Signature, typed or printed name of registered ag			gent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OFF	CEDS AN	ID DIRECTO	DS IN 12
12.	· · · — · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.			I TO THE DID TO THE		Change	Addition
TITLE	D ADDIENNE		1.1 III L	_	1/2	THE DIRECTOR THE GLAZE RALSTI 143 INDA ANG INSACOLA, PL 325	M		
NAME	KICHLER, ADRIENNE		1.3 STRE		DDCCC 2.4	143 ENDA AVE			
STREET ADDRESS	4870 MANDLETE					FAISAMAIA PZ 325	526		,
CITY-ST-ZIP TITLE	PENSACOLA FL 32504	DELETE	1.4 CITY 2.1 TITL		76	=10811ce=11		Change	☐ Addition
	D DDICCE WADDEN	L. Debete	2.1 MAM			•		□ •	
NAME	BRIGGS, WARREN				.DOEGO				
STREET ADDRESS	3361 PALERMO RD		2.3 STRE		\ \				- '
CITY-ST-ZIP	PENSACOLA FL 32501	₩ DELETE	2.4 CITS 3.1 TITLE		<u> </u>			Change	☐ Addition
TITLE	D D	UM DELLIE	3.1 HILL 3.2 NAM		Ī				
NAME	KING, REV. HUGH		3.2 NAM		DOECE				
STREET ADDRESS	1300 N GUILLEMARD ST		1						
CITY-ST-ZIP	PENSACOLA FL 32501	DELETE	3.4. CITY 4.1 TITL		n-			Change	Addition
TITLE	D NOTE OF THE PROPERTY OF THE		4. 2 NAM						
NAME	KRUMEL, VIVIAN 3920 Monteigne dr				npeee				į
STREET ADDRESS.			4.3 STRI					•	
CITY-ST-ZIP	PENSACOLA FL 32504	DELETE	4.4 CITY					☐ Change	Addition
TITLE	D Murphy, Katherine	- DELETE	5.1 HILL 5.2 NAM					щ -:q-	
NAME	309 DOLPHIN ST		5.3 STR		ORESS				
STREET ADORESS	GULF BREEZE FL 32561		5.4 CITY		Í				ļ
CITY-ST-ZIP		☐ DELETE	6.1 TITU		" 			Change	Addition
TITLE	D CAMBILL IACK		6.2 NAM					□ 0.1030	٠.٠٠٠٠٠ ا
NAME	GAMBILL, JACK				DDESS				
STREET ADDRESS	3841 NOBLES ST		6.3 STR						
CITY-ST-ZIP	PENSACOLA FL 32514		6.4 CITY	-51-ZH	۳				

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NEW INCLUSTRE REQUIRED