2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90089 006 ****61.25

DOCUMENT # N96000004049

1. Entity Name

ALZHEIMER'S FAMILY SERVICES, INC.

Principal Place of Business	Mailing Address
2627C CREIGHTON RD PENSACOLA FL 32504	2627C CREIGHTON RD PENSACOLA FL 32514-4722

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3454 E. Olive Rd.	3454 E. Olive Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola	City & State: Pensacola
Zip: FL	Country: Escambia
Zip: FL	Country: Escambia

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ~~Vivian Krumel~~ Laura Glaze Ralston
Street Address (P.O. Box Number is Not Acceptable): 3454 E. Olive Rd.
City: Pensacola FL Zip Code: 32514

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Laura Glaze Ralston Laura G. Ralston 02/23/00
Executive Director
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Secretary KICHLER, ADRIENNE 4870 MANDLETE PENSACOLA FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Carr, John B. 3298 Summit BLVD # 33-B Pensacola FL 32504	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIGGS, WARREN ~~3361 PALERMO RD~~ 700 S. Palafox St. PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Champlin, Brooks 125 W. Romana St, #700 Pensacola, FL 32501	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED RALSTON, LAURA GLAZE 2143 INDA ~~PINE~~ AVE PENSACOLA FL 32526	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLIN, ROLAND 224 Marigold Dr. #104 Pensacola, FL 32506	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President KRUMEL, VIVIAN ~~3920 MONTEIGNE DR~~ 3298 Summit Blvd #33-A PENSACOLA FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, JOSEPH 1707 E. LEE ST PENSACOLA, FL 32503	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, KATHERINE 309 DOLPHIN ST GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YEAKLE, RONALD 4125 MENENDEZ DR PENSACOLA, FL 32503	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAMBILL, JACK 3841 NOBLES ST PENSACOLA FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOREY, MARY 717 BOINCIANA DR. GULF BREEZE, FL 32561	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura G. Ralston 2-23-00 (850)478-1790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #