

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90048 001 ****61.25
 01-10-2001 90048 002 *****8.75

21544



DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000004049

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

Principal Place of Business Mailing Address
3454 E OLIVE RD **3454 E OLIVE RD**
PENSACOLA FL 32504 **PENSACOLA FL 32504**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

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
RALSTON, LAURA G
3454 E OLIVE RD
PENSACOLA FL 32514

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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

TITLE	DS	☐ Delete
NAME	KICHLER, ADRIENNE	
STREET ADDRESS	4870 MANDLETE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	☒ Delete
NAME	BRIGGS, WARREN	
STREET ADDRESS	700 S PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DP D	☐ Delete
NAME	KRUMEL, VIVIAN	
STREET ADDRESS	3298 SUMMIT BLVD 33-A	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	☐ Delete
NAME	MURPHY, KATHERINE	
STREET ADDRESS	309 DOLPHIN ST	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	☐ Delete
NAME	GAMBILL, JACK	
STREET ADDRESS	3841 NOBLES ST	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	☐ Delete
NAME	HIXON, MAMIE	
STREET ADDRESS	3025 N. 10th AVE	
CITY-ST-ZIP	PENSACOLA FL 32503	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☐ Change ☒ Addition
NAME	WEBB, Philip	
STREET ADDRESS	5055 Bayou Blvd	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	DT	☐ Change ☒ Addition
NAME	PAN SLYKE, ROBERT	
STREET ADDRESS	1717 N. "E" ST.	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	DVP	☐ Change ☒ Addition
NAME	SAVELL, TARIS	
STREET ADDRESS	1415 N. SPRING ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	☐ Change ☒ Addition
NAME	YEAKLE, RON	
STREET ADDRESS	4125 Menendez Dr	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	☐ Change ☒ Addition
NAME	CARR, JOHN	
STREET ADDRESS	3298 Summit Blvd # 33-B	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	☐ Change ☒ Addition
NAME	CREEL, DR. FRANK	
STREET ADDRESS	4151 Menendez Dr.	
CITY-ST-ZIP	PENSACOLA FL 32503	

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* **Signature and Typed or Printed Name of Signing Officer or Director**
 Date: **01-03-01** Daytime Phone #: **(850) 478-7790**

CR2E037 (10/00)