2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

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Entity Name: ALZHEIMER'S FAMILY SERVICES, INC.

Current Principal Place of Business:

3454 E OLIVE RD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

3454 E OLIVE RD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-3394242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RALSTON, LAURA G
3454 E OLIVE RD
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

MEHLE, LAURA G
3454 E OLIVE RD
PENSACOLA, FL 32514 US

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 G. MEHLE 01/05/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KICHLER, ADRIENNE
Address: 4870 MAN0LETE
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: KRUMEL, VIVIAN
Address: 3298 SUMMIT BLVD 333-A
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: MURPHY, KATHERINE
Address: 10100 HILLVIEW DR #1302
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: GAMBILL, JACK
Address: 3100 OWEN BELL LN
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: BRETT, ANN
Address: 105 PORT ROYAL WAY
City-St-Zip: PENSACOLA, FL 32502

Title: DT ( ) Delete
Name: CARR, JOHN
Address: 3 W. GARDEN ST
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: VAN SLYKE, ROBERT
Address: 222 NORTH SPRING STREET
City-St-Zip: PENSACOLA, FL 32502

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: HOOD, VIRGINIA
Address: 6546 LAKE CHARLENE DR
City-St-Zip: PENSACOLA, FL 32506

Title: DS (X) Change ( ) Addition
Name: BUNDE, VIRGINIA
Address: 2803 EAST CERVANTES STREET
City-St-Zip: PENSACOLA, FL 32503

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA G. MEHLE ED 01/05/2005
Electronic Signature of Signing Officer or Director Date