2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # N96000004049 07 JAN 18 AM 8: 53 ALZHEIMER'S FAMILY SERVICES, INC. SECRETARY OF STATE Principal Place of Business Mailing Address 19/96/98--01047--064 **61.25 3454 E OLIVE RD 3454 E OLIVE RD PENSACOLA, FL 32514 PENSACOLA, FL 32514 2. Principal Place of Business 3. Mailing Address 1901 N. PALAFOX 57 1901 N. PALAFOX Suite, Apt. #, etc. 07312006 Chg-NP: CR2E037 (4/06) City & State City & State PENSACOLA PENSACOL 59-3394242 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32501 Fee Required us 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dale O. Knee 5041 N. 12th Ave. Pensacola, FL 32504 Street Address (P.O. Box Number is Not Acceptable) Dale O. NS ACOL A 32501 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. I am familiar with, and accept the obligations of registered ageq SIGNATURE -Signature, typed or printed name of r (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. THLE Delete TITLE MCCARREN, BARBARA VAN SLYKE, ROBERT NAME NAMA 2636 TURKEY CREEK 222 NORTH SPRING STREET STREET ADDRESS STREET ADDRESS NAVARRE, PL 32566 CITY-ST-ZIP PENSACOLA, FL 32502 CITY-ST-ZIP Change TITLE Delete TITLE Addition KNEE, DALE D. 5041 N. 12th AVE. KRUMEL, VIVIAN NAME STREET ADDRESS 3298 SUMMIT BLVD 333-A STREET ADDRESS CITY-ST ZIP PENSACOLA, FL 32504 CITY-ST-ZIP fensacola, FL 32504 POST, JEANNE DEMORY Change 1311 MALDONADO DR. D Delete TITLE MURPHY, KATHERINE NAME NAME STREET ADDRESS 10100 HILLVIEW DR #1302 STREET ADDRESS PENSACOLA, FL 32514 CITY - ST - ZIP PEUSACOLA BEACH. CIFY \$1-ZIP 32561 TITLE DVP M Delete TITLE HOOD, VIRGINIA NAME 6546 LAKE CHARLENE DR STREET ADDRESS STREET ADDRESS CHY ST ZIP PENSACOLA, FL 32506 CITY-ST ZIP DT Addition TITLE Delete HILE BUNDE, VIRGINIA NAME NAME 2803 EAST CERVANTES STREET STREET ADDRESS STREET ADDRESS CITY-ST ZIP PENSACOLA, FL 32503 CITY-ST-ZIP DP Addition TITLE ☐ Delete CARR, JOHN NAME STREET ADDRESS 3 W. GARDEN ST STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 82601 CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 praddress, with all other like empowered. SIGNATURE: E AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Daytime Phone # Date