2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90060 027 ****70.00

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1. Entity Name
ALZHEIMER'S COMMUNITY CARE, INC.

Principal Place of Business	Mailing Address
800 NORTHPOINT PARKWAY SUITE 101-B WEST PALM BEACH, FL 33407	800 NORTHPOINT PARKWAY SUITE 101-B WEST PALM BEACH, FL 33407

01072004 Chg-NP CR2E037 (10/03)

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 31-1481653 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCRACKEN, JOHN B 505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John B. McCracken 1/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHALLOWAY, G M 118 SATINWOOD LANE PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARRY E. BUTCHER 1716 NW FORK Road STUART, FL 34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KROLL, FRED 11289 PIPING ROCK DRIVE BOYNTON BEACH, FL	XX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDY K. JOHNSON 1900 W. 23rd Street ~~RIVIERA BEACH, FL 3304~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GREGORY, JAMES FRAGAKIS 1120 ELIZABETH AVE WEST PALM BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCCRACKEN, JOHN B 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLEN S. WARNER 12633 159st Ct. North ~~JUPITER, FL 33478~~	☐ Change XX ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, AUDREY 6627 OVERLAND DRIVE DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHURCH, GERALD P. E. 2575 S. OCEAN BLVD., #310 HIGHLAND BEACH, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: John B. McCracken 1-29-04 561 655-4714
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #