2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-08-2005 90181 049 ****70.00 **DOCUMENT # N96000005197** ALZHEIMER'S COMMUNITY CARE, INC. Mailing Address Principal Place of Business 50023551 800 NORTHPOINT PARKWAY 800 NORTHPOINT PARKWAY SUITE 101-B SUITE 101-B WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 02072005 Chg-NP CR2E037 (10/03) 4. FEI Number 31-1481653 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jones Foster Service, LLC Street Address (P.O. Box Number is Not Acceptable) 505 South Flagler Drive MCCRACKEN, JOHN B 505 SOUTH FLAGLER DRIVE **SUITE 1100** WEST PALM BEACH, FL 33401 Suite 1100 Zip Code 33401 West Palm Beach 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. Monteel 2-24-05 SIGNATURE Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE D ☐ Detete TITLE VCOB/D TX Change SHALLOWAY, G M NAME NAME Shalloway, G. Mark STREET ADDRESS 118 SATINWOOD LANE STREET ADDRESS 1400 Centrepark Blvd., #700 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP West Palm Beach, FL ☐ Addition TITLE ☐ Delete TITLE S/D NAME BUTCHER, LARRY E NAME STREET ADDRESS 1716 NW FORK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP STUART, FL 34994 DΤ ☐ Change ☐ Addition TITLE ☐ Delete TITLE GREGORY, JAMES FRAGAKIS MAME STREET ADDRESS 1120 ELIZABETH AVE STREET ADDRESS CITY-ST-71P CITY-ST-ZIP WEST PALM BEACH, FL COB/D TITLE DP X Change ☐ Addition ☐ Delete TITLE MCCRACKEN, JOHN B NAME NAME 505 SOUTH FLAGLER DRIVE, SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE WOLF, AUDREY NAME NAME 6627 OVERLAND DRIVE STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33484 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete CHURCH, GERALD P. E. NAME NAME 2575 S. OCEAN BLVD., #310 STREET ADDRESS STREET ADDRESS HIGHLAND BEACH, FL 33487 CITY-ST-ZIP

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 accreding by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

James F.

SIGNATURE:

FILED Mar 08, 2005 8:00 am Continuation



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