

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003027

FILED
Apr 05, 2005
Secretary of State

Entity Name: JOHNNIE B. BYRD, SR. ALZHEIMER'S CENTER AND RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

15310 AMBERLY DRIVE
SUITE 320
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

15310 AMBERLY DRIVE
SUITE 320
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 72-1556975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, KATHY C
15310 AMBERLY DRIVE
SUITE 320
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEARD, RICHARD A III
Address: 100 N. TAMPA ST., SUITE 3175
City-St-Zip: TAMPA, FL 33602 US

Title: O () Delete
Name: BURTON, STEVEN G
Address: 100 N. TAMPA ST., SUITE 3175
City-St-Zip: TAMPA, FL 33602 US

Title: O () Delete
Name: BYRD, JOHNNIE B JR.
Address: 420 THE CAP., 402 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 323991300 US

Title: D () Delete
Name: COBB, PHYLLIS
Address: SAR. MEM. HOS. 761 JOHN RINGLING BV., U A5
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: CONKLIN, THOMAS R
Address: 1133 FOURTH ST., SUITE 200
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: GENSHAFT, JUDY L
Address: U OF SF., 4202 E. FOWLER AVE., ADM 241
City-St-Zip: TAMPA, FL 336206150 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: RAULERSON, DANIEL D C.P.A.
Address: 101 EAST MAHONEY STREET
City-St-Zip: PLANT CITY, FL 33563 US

Title: S (X) Change () Addition
Name: D. HOWARD, STITZEL III
Address: 206 N COLLINS STREET
City-St-Zip: PLANT CITY, FL 33563 US

Title: D (X) Change () Addition
Name: BYRD, JOHNNIE B JR.
Address: 121 N. COLLINS STREET, SUITE 202
City-St-Zip: PLANT CITY, FL 33563 US

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

Title: C (X) Change () Addition
Name: CONKLIN, THOMAS R
Address: 1133 FOURTH ST., SUITE 200
City-St-Zip: SARASOTA, FL 34236 US

Title: T (X) Change () Addition
Name: WEPPLER, MARGE
Address: 6651 OAKBROOK CIRCLE
City-St-Zip: BRADENTON, FL 34202 US

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: D. HOWARD STITZEL, III

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04/05/2005

Electronic Signature of Signing Officer or Director

Date