2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# N03000003027

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:	V	( ) Delete
Name:	RAULERSON, DANIEL D C.P.A.	
Address:	101 EAST MAHONEY STREET	
City-St-Zip:	PLANT CITY, FL 33563 US	
Title:	S	( ) Delete
Name:	D. HOWARD, STITZEL III	
Address:	206 N COLLINS STREET	
City-St-Zip:	PLANT CITY, FL 33563 US	
Title:	D	( ) Delete
Name:	BYRD, JOHNNIE B JR.	
Address:	121 N. COLLINS STREET, SUITE 202	
City-St-Zip:	PLANT CITY, FL 33563 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:	C	( ) Delete
Name:	CONKLIN, THOMAS R	
Address:	1133 FOURTH ST., SUITE 200	
City-St-Zip:	SARASOTA, FL 34236 US	
Title:	T	( ) Delete
Name:	WEPPLER, MARGE	
Address:	6651 OAKBROOK CIRCLE	
City-St-Zip:	BRADENTON, FL 34202 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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: THOMAS R. CONKLIN C 04/03/2006

Electronic Signature of Signing Officer or Director — Date