

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2004
Secretary of State**

DOCUMENT# N06821

Entity Name: ALZHEIMER RESOURCE CENTER, INC.

Current Principal Place of Business:

1400 N. SEMORAN BLVD.
SUITES A & B
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

1400 N. SEMORAN BLVD.
SUITES A & B
ORLANDO, FL 32807 US

New Mailing Address:

FEI Number: 59-2496511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MICHELLE J. BRASSLER
650 OLD MIMS RD
GENEVA, FL 32732 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: WENICK, RICHARD
Address: 550 FINCHLEY ROAD
City-St-Zip: MAITLAND, FL 327515160 US

Title: D () Delete
Name: CARLIN-ROGERS, FRAN
Address: 1505 DELANEY AVENUE
City-St-Zip: ORLANDO, FL 32806 US

Title: ED () Delete
Name: BRASSLER, MICHELLE J
Address: 650 OLD MIMS ROAD
City-St-Zip: GENEVA, FL

Title: S () Delete
Name: MCKEEBY, BETSY
Address: 303 WOOD ST
City-St-Zip: LAKE MARY, FL 32746

Title: P () Delete
Name: FERNANDEZ, JULIE
Address: 3655 W. LAKE MARY BLVD.
City-St-Zip: LAKE MARY, FL 32756 US

Title: D () Delete
Name: TUCKER, RICHARD PH.D.
Address: 20 VILLAGE DRIVE, EAST
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: COLACHICCO, DAN
Address: 958 CROSS CUT WAY
City-St-Zip: LONGWOOD, FL 32750 US

Title: S (X) Change () Addition
Name: CULLEN, DENISE
Address: 64 E CONCORD STREET
City-St-Zip: ORLANDO, FL 32801 US

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

Title: D (X) Change () Addition
Name: MCKEEBY, BETSY
Address: 303 WOOD ST
City-St-Zip: LAKE MARY, FL 32746

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

Title: C (X) Change () Addition
Name: ELLIS, LESLIE PH D
Address: 250 NOTTAWAY TRAIL
City-St-Zip: MAITLAND, FL 32751 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: MICHELLE J BRASSLER

ED

04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date