

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06821

FILED  
Jun 01, 2005  
Secretary of State

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:

1400 N. SEMORAN BLVD.  
SUITE A  
ORLANDO, FL 32807 US

## Current Mailing Address:

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

## New Mailing Address:

1400 N. SEMORAN BLVD.  
SUITE A  
ORLANDO, FL 32807 US

FEI Number: 59-2496511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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:

NANCY SQUILLACIOTI  
1917 AQUARIUS COURT  
OVIEDO, FL 32766 US

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: NANCY SQUILLACIOTI

06/01/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) 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: C (X) Delete  
Name: ELLIS, LESLIE PH D  
Address: 250 NOTTAWAY TRAIL  
City-St-Zip: MAITLAND, FL 32751 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ED (X) Change ( ) Addition  
Name: SQUILLACIOTI, NANCY  
Address: 1917 AQUARIUS COURT  
City-St-Zip: OVIEDO, FL 32766 US

Title: PRES (X) Change ( ) Addition  
Name: ELLIS, LESLIE L PHD  
Address: 250 NOTTAWAY TRAIL  
City-St-Zip: MAITLAND, FL 32751 US

Title: VP (X) Change ( ) Addition  
Name: SALVAGE, JAMES  
Address: 490 E. SOUTH STREET  
City-St-Zip: ORLANDO, FL 32801 US

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 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: NANCY SQUILLACIOTI

ED

06/01/2005

Electronic Signature of Signing Officer or Director

Date