

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06821

FILED
Mar 17, 2007
Secretary of State

Entity Name: ALZHEIMER RESOURCE CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1506 LAKE HIGHLAND DRIVE
ORLANDO, FL 32803 US

Current Mailing Address:

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

New Mailing Address:

1506 LAKE HIGHLAND DRIVE
ORLANDO, FL 32803 US

FEI Number: 59-2496511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANCY SQUILLACIOTI
1917 AQUARIUS COURT
OVIEDO, FL 32766 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: TREA () Delete
Name: BLOCK, JOY
Address: 200 SO. ORANGE AVENUE, SUITE 1800
City-St-Zip: ORLANDO, FL 32801 US

Title: SECY () Delete
Name: GALLOWAY, PATRICIA
Address: 118 OAK STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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

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

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

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: NANCY SQUILLACIOTI

ED

03/17/2007

Electronic Signature of Signing Officer or Director

Date