

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06821

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** ALZHEIMER RESOURCE CENTER, INC.

**Current Principal Place of Business:**

1506 LAKE HIGHLAND DRIVE  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

1506 LAKE HIGHLAND DRIVE  
ORLANDO, FL 32803 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:**

SQUILLACIOTI, NANCY  
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  
Name: BLOCK, JOY  
Address: 200 SO. ORANGE AVENUE, SUITE 1800  
City-St-Zip: ORLANDO, FL 32801 US

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

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

Title: VP  
Name: MCKEE, MICHAEL  
Address: 1681 MAITLAND AVENUE  
City-St-Zip: MAITLAND, FL 32751 US

Title: PRES  
Name: FLAMMIA, KATHLEEN ESQUIRE  
Address: 2707 W FAIRBANKS AVE SUITE 110  
City-St-Zip: WINTER PARK, FL 32789 US

Title: D  
Name: WENICK, RICHARD  
Address: POST BOX 962  
City-St-Zip: WINTER PARK, FL 32790

I hereby 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 all other like empowered.

SIGNATURE: NANCY SQUILLACIOTI

ED

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date