

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29371

FILED
Apr 26, 2006
Secretary of State

Entity Name: ALZHEIMER RESOURCE CENTER OF TALLAHASSEE, INC.

Current Principal Place of Business:

1400 N. BRONOUGH ST.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3553
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-2912649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGOUGH, THOMAS J.
1907 HOOT OWL HILL
TALLAHASSEE, FL 32311 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: P () Delete
Name: CAVALLARO, GINNY
Address: 8703 CENTERVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VP () Delete
Name: JENSEN-WALLER, MARCIA
Address: 1921 HARRIET DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: DP () Delete
Name: BOURGEOIS, MICHELLE PHD
Address: 302 REGIONAL REHAB CTR/FSU
City-St-Zip: TALLAHASSEE, FL 323061200 US

Title: DT () Delete
Name: SANDERS, JOE
Address: 250 E 6TH AVE.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D () Delete
Name: BENESH, JAN
Address: 428 SUMMERBROOK DR.
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S () Delete
Name: ASHLEY, PAT
Address: 125 TARPINE DR.
City-St-Zip: PANACEA, FL 32346 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAVALLARO, GINNY
Address: 8703 CENTERVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: P (X) Change () Addition
Name: JENSEN-WALLER, MARCIA
Address: 1921 HARRIET DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP (X) Change () Addition
Name: CAMPBELL, KAREN
Address: 2292 WEDNESDAY ST #1
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: T (X) Change () Addition
Name: SANDERS, JOE
Address: 250 E 6TH AVE.
City-St-Zip: TALLAHASSEE, FL 32303 US

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: MARCIA JENSEN-WALLER

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date