

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004049

FILED
Mar 24, 2009
Secretary of State

Entity Name: ALZHEIMER'S FAMILY SERVICES, INC.

Current Principal Place of Business:

1901 N. PALAFOX STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1901 N. PALAFOX STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3394242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNEE, DALE O
1901 N. PALAFOX STREET
PENSACOLA, FL 32501 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: DP () Delete
Name: BUNDE, VIRGINIA
Address: 2803 E. CERVANTES STREET
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: KNEE, DALE O
Address: 5041 N. 12TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: DS () Delete
Name: MCCARREN, BARBARA
Address: 2636 TURKEY CREEK DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: DT () Delete
Name: POST, JEANNE D
Address: 1311 MALDONADO DRIVE
City-St-Zip: PENSACOLA BCH, FL 32561

Title: DVP () Delete
Name: GILMARTIN, RICHARD
Address: 2001 NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: PIVER, JENNIFER
Address: 3816 MENENDEZ DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: DT (X) Change () Addition
Name: RAY, RONNIE
Address: 730 BAYFRONT PKWY STE 3A
City-St-Zip: PENSACOLA, FL 32502

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

I hereby certify that the information supplied with this filing does not qualify 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: KAREN YOUNG

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date