

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007236

FILED
Feb 25, 2009
Secretary of State

Entity Name: ALZHEIMER'S FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

9470 HEALTH PARK CIRCLE
FORT MEYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

322 8TH AVE
7TH FLOOR
NEW YORK, NY 10001 US

New Mailing Address:

FEI Number: 91-1792864 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ERIC, HALL J CEO
9470 HEALTH PARK CIRCLE
FORT MEYERS, FL 33908 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: T () Delete
Name: POWERS, RICHARD MD
Address: 200 UNIVERSITY BLVD
City-St-Zip: TUSCALOOSA, AL 35401

Title: T () Delete
Name: BRODSKY, BERT
Address: 26 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: T () Delete
Name: BERG, BARRY
Address: 322 8TH AVE 6TH FLOOR
City-St-Zip: NY, NY 11363

Title: T () Delete
Name: GORMAN, JOHN
Address: P.O. BOX 1824
City-St-Zip: SACRAMENTO, CA 95812

Title: T () Delete
Name: THEODORE, IRA
Address: 85 BOUNTY LANE
City-St-Zip: JERICHO, NY 11753

Title: T () Delete
Name: GREENER, JEFF
Address: 444 MADISON AVE, STE 805
City-St-Zip: NEW YORK, NY 10022

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
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City-St-Zip:

Title: () Change () Addition
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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 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: SANDY HORAN

VP

02/25/2009

Electronic Signature of Signing Officer or Director

Date