

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06821

**Entity Name:** ALZHEIMER'S & DEMENTIA RESOURCE CENTER, INC.

**Current Principal Place of Business:**

1410A GENE ST  
WINTER PARK, FL 32789

**Current Mailing Address:**

1410A GENE ST  
WINTER PARK, FL 32789 US

**FEI Number:** 59-2496511

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KUHN, KERRIN P  
1410A GENE ST  
WINTER PARK, FL 32789 US

*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:** KERRIN P. KUHN

01/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT ELECT  
Name            SORRELL, DREW  
Address        1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title            PRESIDENT  
Name            CHEEK, LAURIE  
Address        1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title            BOARD MEMBER  
Name            AGARD, MALISA M.D.  
Address        1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title            BOARD MEMBER  
Name            PAULSON, DANIEL PHD  
Address        1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title            BOARD MEMBER  
Name            JESSICA, BRANNING  
Address        1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title            TREASURER  
Name            SPEED, MICHAEL  
Address        1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title            SECRETARY  
Name            POHLIG, JEFF  
Address        1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title            SECRETARY  
Name            JENNINGS, HOLLY  
Address        715 DOUGLAS AVENUE  
                 SUITE 53  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

**Continues on page 2**

*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:** LAURIE CHEEK

**PRESIDENT**

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name STANTON, SEAN  
Address 715 DOUGLAS AVENUE  
SUITE 53  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title BOARD MEMBER  
Name QUINONES, IGNACIO  
Address 1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title BOARD MEMBER  
Name KASHUK, SHERYL  
Address 1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title BOARD MEMBER  
Name HERZOG, ROB  
Address 1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title BOARD MEMBER  
Name JUSTICE, GINNY  
Address 1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title CRUMMER STUDENT BOARD  
MEMBER  
Name COUTANT, DAVID  
Address 1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789

Title BOARD MEMBER  
Name DAVIS, DAN  
Address 1410A GENE ST  
City-State-Zip: WINTER PARK FL 32789