

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06821

FILED
Mar 11, 2020
Secretary of State
5846621445CC

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

Current Principal Place of Business:

715 DOUGLAS AVENUE
SUITE 53
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

715 DOUGLAS AVENUE
SUITE 53
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2496511

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KUHN, KERRIN
715 DOUGLAS AVENUE
SUITE 53
ALTAMONTE SPRINGS, FL 32714 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 KUHN

03/11/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name O'ROURKE, AMY
Address 715 DOUGLAS AVENUE
SUITE 53
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title TREASURER
Name CHEEK, LAURIE
Address 715 DOUGLAS AVENUE
SUITE 53
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

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

Title DIRECTOR
Name SPEED, MICHAEL
Address 715 DOUGLAS AVENUE
SUITE 53
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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: AMY O'ROURKE

CHAIRMAN

03/11/2020

Electronic Signature of Signing Officer/Director Detail

Date