

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06821

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC0871331201**

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

**Current Principal Place of Business:**

1506 LAKE HIGHLAND DRIVE  
ORLANDO, FL 32803

**Current Mailing Address:**

1506 LAKE HIGHLAND DRIVE  
ORLANDO, FL 32803 US

**FEI Number:** 59-2496511

**Certificate of Status Desired:** No

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

SQUILLACIOTI, NANCY  
1506 LAKE HIGHLAND DRIVE  
ORLANDO, FL 32803 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name SQUILLACIOTI, NANCY  
Address 1917 AQUARIUS COURT  
City-State-Zip: OVIEDO FL 32766

Title DIRECTOR  
Name WENICK, RICHARD  
Address POST BOX 962  
City-State-Zip: WINTER PARK FL 32790

Title CHAIRMAN  
Name BAXTER, GAIL  
Address 1506 LAKE HIGHLAND DRIVE  
City-State-Zip: ORLANDO FL 32803

Title VC  
Name HODGES, ROBERT  
Address 1506 LAKE HIGHLAND DRIVE  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name DAVIS, BONNIE  
Address 1506 LAKE HIGHLAND DRIVE  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name CHARPENTIER, HANK  
Address 1506 LAKE HIGHLAND DRIVE  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name PABST, MARGERY  
Address 1506 LAKE HIGHLAND DRIVE  
City-State-Zip: ORLANDO FL 32803

*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:** NANCY SQUILLACIOTI

**EXECUTIVE DIRECTOR**

**01/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date