

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06821

**FILED  
Feb 10, 2021  
Secretary of State  
1116845448CC**

**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:** No

**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

02/10/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PAST PRESIDENT	Title	PRESIDENT ELECT
Name	O'ROURKE, AMY	Name	SORRELL, DREW
Address	715 DOUGLAS AVENUE SUITE 53	Address	715 DOUGLAS AVENUE SUITE 53
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	PRESIDENT	Title	BOARD MEMBER
Name	CHEEK, LAURIE	Name	AGARD, MALISA M.D.
Address	715 DOUGLAS AVENUE SUITE 53	Address	715 DOUGLAS AVENUE SUITE 53
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	BOARD MEMBER	Title	BOARD MEMBER
Name	PAULSON, DANIEL PHD	Name	VICK, CARRIE
Address	715 DOUGLAS AVENUE SUITE 53	Address	715 DOUGLAS AVENUE SUITE 53
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	TREASURER	Title	SECRETARY
Name	SPEED, MICHAEL	Name	WARREN, LISA
Address	715 DOUGLAS AVENUE SUITE 53	Address	715 DOUGLAS AVENUE SUITE 53
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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*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

02/10/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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