

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

DOCUMENT# N06821

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

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

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

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

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

Title BOARD MEMBER  
Name AGARD, MALISA M.D.  
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 TREASURER  
Name SPEED, MICHAEL  
Address 715 DOUGLAS AVENUE  
SUITE 53  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY  
Name WARREN, LISA  
Address 715 DOUGLAS AVENUE  
SUITE 53  
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