

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06821

FILED
Mar 23, 2015
Secretary of State
CC0391365490

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
1917 AQUARIUS COURT
OVIEDO, FL 32766 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 D
Name ALLEN, LUIS MD
Address 1506 LAKE HIGHLAND DRIVE
City-State-Zip: ORLANDO FL 32803

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

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date