

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06821

**FILED
Mar 22, 2013
Secretary of State
CC9444978108**

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 TREA
Name BLOCK, JOY
Address 200 SO. ORANGE AVENUE, SUITE
1800
City-State-Zip: ORLANDO FL 32801

Title D
Name MCELVEEN, STEVEN
Address 1506 LAKE HIGHLAND DRIVE
City-State-Zip: ORLANDO FL 32803

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 PRES
Name FLAMMIA, KATHLEEN ESQUIRE
Address 2707 W FAIRBANKS AVE SUITE 110
City-State-Zip: WINTER PARK FL 32789

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

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

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date