

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002089

**FILED**  
**Jun 15, 2020**  
**Secretary of State**  
**1223668043CC**

**Entity Name:** ALZHEIMER'S & DEMENTIA ALLIANCE OF FLORIDA, INC.

**Current Principal Place of Business:**

8308 SW 78TH CIRCLE  
OCALA, FL 34476

**Current Mailing Address:**

P. O. BOX 5967  
OCALA, FL 34478

**FEI Number:** 26-2208044

**Certificate of Status Desired:** No

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

HARDISON, TERRIE F  
8308 SW 78TH CIRCLE  
OCALA, FL 34476 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:** TERRIE F. HARDISON

06/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HARDISON, DAVID E  
Address 8308 SW 78TH CIRCLE  
City-State-Zip: Ocala FL 34476

Title DIRECTOR  
Name DEWEESE, KAREN  
Address 5584 SW 82ND PLACE  
City-State-Zip: Ocala FL 34476

Title DIRECTOR  
Name EVANS, PAIGE NICOLE RN  
Address 706 NEWTON AVE  
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR  
Name GUINN, DONNA WILDER  
Address 402 SOUTH PINE AVE  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name MAY, TUESDAY RN, CDP  
Address 3631 SW 5TH COURT  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name SHAY, MEGHAN  
Address 402 SOUTH PINE AVE  
City-State-Zip: Ocala FL 34478

Title DIRECTOR  
Name STRICKLAND, ALISA  
Address 6428 SW 44TH COURT  
City-State-Zip: Ocala FL 34474

Title DIRECTOR  
Name STRICKLAND, TYLER  
Address 6428 SW 44TH COURT  
City-State-Zip: Ocala FL 34474

*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:** DAVID E.HARDISON

**EXECUTIVE DIRECTOR**

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date