

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002089

FILED
Mar 14, 2019
Secretary of State
3684192642CC

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

03/14/2019

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

DAVID

03/14/2019

Electronic Signature of Signing Officer/Director Detail

Date