

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002089

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

**Current Principal Place of Business:**

2531 NE 46TH STREET  
OCALA, FL 34479

**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  
2531 NE 46TH STREET  
OCALA, FL 34479 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 D  
Name BREWER, JEFFREY S  
Address 11 HEMLOCK CIRCLE TRACE  
City-State-Zip: Ocala FL 34472

Title D  
Name SPANG, JOHN  
Address 537 SE 19TH STREET  
City-State-Zip: Ocala FL 34471

Title D  
Name HALL, LINDA K  
Address 1812 SE 38TH AVE  
City-State-Zip: Ocala FL 34471

Title D  
Name HARDISON, DAVID E  
Address 2531 NE 46TH STREET  
City-State-Zip: Ocala FL 34478

Title D  
Name LUMPKIN, PATTY MAJOR  
Address 692 NW 30TH AVE  
City-State-Zip: Ocala FL 34475

*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**

**DIRECTOR**

**04/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date