#### 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. 04/10/2016

DIRECTOR

SIGNATURE: DAVID E. HARDISON

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA	NOT FOR PROFIT	CORPORATION A	ANNUAL REPORT

#### DOCUMENT# N0800002089

### 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

# Name and Address of Current Registered Agent:

HARDISON, TERRIE F 2531 NE 46TH STREET OCALA, FL 34479 US

FILED Apr 10, 2016 Secretary of State CC2357859318

Date

Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Title	D	Title	D
Name	BREWER, JEFFREY S	Name	SPANG, JOHN
Address	11 HEMLOCK CIRCLE TRACE	Address	537 SE 19TH STREET
City-State-Zip:	OCALA FL 34472	City-State-Zip:	OCALA FL 34471
Title	D	Title	D
Name	HALL, LINDA K	Name	HARDISON, DAVID E
Address	1812 SE 38TH AVE	Address	2531 NE 46TH STREET
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34478
Title	D		
Name	LUMPKIN, PATTY MAJOR		
Address	692 NW 30TH AVE		
City-State-Zip:	OCALA FL 34475		

Date