

2014 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

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date