## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004868

Entity Name: ALE FOR ALZ, INC.

at Principal Place of Pusiness

**Current Principal Place of Business:** 

2410 W AZEELE ST UNIT 217 TAMPA. FL 33609

**Current Mailing Address:** 

2410 W AZEELE ST UNIT 217 TAMPA. FL 33609 US

FEI Number: 81-2526408 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS, INC. 3030 N ROCKY POINT DR STE 150A TAMPA, FL 33607 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 PD Title VD

Name MYERS, ALISSA Name HYDE, BRYAN

Address 2410 W AZEELE ST UNIT 217 Address 2410 W AZEELE ST UNIT 217

City-State-Zip: TAMPA FL 33609 City-State-Zip: TAMPA FL 33609

Title SD Title TD

Name FOX, ALLISON Name OVERBYE, BRIAN

Address 2410 W AZEELE ST UNIT 217 Address 2410 W AZEELE ST UNIT 217

City-State-Zip: TAMPA FL 33609 City-State-Zip: TAMPA FL 33609

Title MD

Name BRANSON, MATTHEW

Address 2410 W AZEELE ST UNIT 217

City-State-Zip: TAMPA FL 33609

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: ALISSA MYERS PRESIDENT 04/11/2017

FILED Apr 11, 2017

**Secretary of State** 

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