

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000007751

**Entity Name:** LIVE WELL WITH DEMENTIA, INC.

**Current Principal Place of Business:**

2502 HARGILL DRIVE  
ORLANDO, FL 32806

**Current Mailing Address:**

2502 HARGILL DRIVE  
ORLANDO, FL 32806 US

**FEI Number: 83-2014048**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POSSELL, LINN  
2502 HARGILL DRIVE  
ORLANDO, FL 32806 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            PRES  
Name            POSSELL, LINN  
Address        2502 HARGILL DRIVE  
City-State-Zip: ORLANDO FL 32806

Title            VP  
Name            JOHNSON POSSELL, STEPHANIE  
Address        2502 HARGILL DRIVE  
City-State-Zip: ORLANDO FL 32806

Title            DIR  
Name            FINKLEY, LESLIE  
Address        1957 SHAKER FALLS LANE  
City-State-Zip: LAWRENCEVILLE GA 30045

*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: LINN POSSELL**

**PRESIDENT**

**04/21/2019**

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

\_\_\_\_\_  
Date