

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004049

Entity Name: ALZHEIMER'S FAMILY SERVICES, INC.**Current Principal Place of Business:**1901 N. PALAFOX STREET
PENSACOLA, FL 32501**Current Mailing Address:**1901 N. PALAFOX STREET
PENSACOLA, FL 32501**FEI Number: 59-3394242****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KNEE, DALE O
1901 N. PALAFOX STREET
PENSACOLA, FL 32501 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	CHAIRMAN
Name	BEAR, LEWIS III
Address	1901 N. PALAFOX STREET
City-State-Zip:	PENSACOLA FL 32501

Title	VICE CHAIRMAN
Name	KING, CAREY
Address	1901 N. PALAFOX STREET
City-State-Zip:	PENSACOLA FL 32501

Title	SECRETARY
Name	JACOBI, DONNA MD
Address	1901 N. PALAFOX STREET
City-State-Zip:	PENSACOLA FL 32501

Title	TREASURER
Name	WADDELL, JASON
Address	1901 N. PALAFOX STREET
City-State-Zip:	PENSACOLA FL 32501

Title	PRESIDENT/CEO
Name	KNEE, DALE O
Address	5041 N. 12TH AVENUE
City-State-Zip:	PENSACOLA FL 32504

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: DALE O. KNEE**PRESIDENT/CEO****03/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date