

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003027

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: JOHNNIE B. BYRD, SR. ALZHEIMER'S CENTER AND RESEARCH INSTITUTE, INC.

## Current Principal Place of Business:

4001 EAST FLETCHER AVENUE  
TAMPA, FL 33613 US

## New Principal Place of Business:

## Current Mailing Address:

4001 EAST FLETCHER AVENUE  
TAMPA, FL 33613 US

## New Mailing Address:

FEI Number: 72-1556975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HO-PEHLING, LILLY  
4001 EAST FLETCHER AVENUE  
TAMPA, FL 33613 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HARRIS, KATHY C ESQ  
Address: 601 EAST KENNEDY BOULEVARD, 16TH FLOOR  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: STITZEL III, D HOWARD ESQ  
Address: 206 NORTH COLLINS STREET  
City-St-Zip: PLANT CITY, FL 33563 US

Title: D ( ) Delete  
Name: BYRD, JR, JOHNNIE B JR.  
Address: 206 NORTH COLLINS STREET  
City-St-Zip: PLANT CITY, FL 33563 US

Title: S ( ) Delete  
Name: BARRON, TERRI JO ESQ  
Address: 3017 SAWGRASS CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: C ( ) Delete  
Name: CONKLIN, THOMAS R ESQ  
Address: 2 NORTH TAMiami TRAIL, SUITE 506  
City-St-Zip: SARASOTA, FL 34236 US

Title: P ( ) Delete  
Name: POTTER, HUNTINGTON PH.D.  
Address: 4001 EAST FLETCHER AVENUE  
City-St-Zip: TAMPA, FL 33613

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change ( ) Addition  
Name: HARRIS, KATHY C ESQ  
Address: 601 EAST KENNEDY BOULEVARD, 16TH FLOOR  
City-St-Zip: TAMPA, FL 33602 US

Title: T (X) Change ( ) Addition  
Name: TOMASINO, SHERRILL  
Address: 12301 N 52 STREET  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: C (X) Change ( ) Addition  
Name: VERGARA, PAMELA PH.D  
Address: 5075 WHITE ROAD  
City-St-Zip: SPRING LAKE, FL 34602 US

Title: S (X) Change ( ) Addition  
Name: ROACH, TERRI JO ESQ  
Address: 13846 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D (X) Change ( ) Addition  
Name: CONKLIN, THOMAS R ESQ  
Address: 2 NORTH TAMiami TRAIL, SUITE 506  
City-St-Zip: SARASOTA, FL 34236 US

Title: P (X) Change ( ) Addition  
Name: POTTER, HUNTINGTON PH.D.  
Address: 4001 EAST FLETCHER AVENUE  
City-St-Zip: TAMPA, FL 33613 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HUNTINGTON POTTER, PH.D.

PRES

04/03/2008

Electronic Signature of Signing Officer or Director

Date