

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002673

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** FAMILY CARE ALZHEIMER'S FOUNDATION, INC.

**Current Principal Place of Business:**

6151 MIRAMAR PARKWAY, SUITE 125  
MIRAMAR, FL 33023 US

**New Principal Place of Business:**

6151 MIRAMAR PARKWAY  
SUITE 125  
MIRAMAR, FL 33023 US

**Current Mailing Address:**

6151 MIRAMAR PARKWAY, SUITE 125  
MIRAMAR, FL 33023 US

**New Mailing Address:**

6151 MIRAMAR PARKWAY  
SUITE 125  
MIRAMAR, FL 33023 US

**FEI Number:** 32-0146463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

TAYLOR-BROWN, JANNETT R RA  
6151 MIRAMAR PARKWAY, SUITE 125  
MIRAMAR, FL 33023 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HUNTER-BURRELL, LUCILLE A P  
Address: 6151 MIRAMAR PARKWAY, SUITE 125  
City-St-Zip: MIRAMAR, FL 33023 US

Title: V ( ) Delete  
Name: TAYLOR-BROWN, JANNETT R V  
Address: 6151 MIRAMAR PARKWAY, SUITE 125  
City-St-Zip: MIRAMAR, FL 33023 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JANNETT TAYLOR-BROWN

V

05/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date