2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 27, 2009
Secretary of State

DOCUMENT# N08000002089

Entity Name: ALZHEIMER'S & DEMENTIA ALLIANCE FOR EDUCATION & SUPPORT, INC.

Current Principal Place of Business:

2531 NE 46TH STREET
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5967
OCALA, FL 34478

New Mailing Address:

FEI Number: 26-2208044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDISON, TERRIE F
2531 NE 46TH STREET
OCALA, FL 34479 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: HARDISON, DAVID E
Address: 2531 NE 46TH STREET
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete
Name: SPANG, JOHN
Address: 537 SE 19TH STREET
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: BREWER, JEFFREY S
Address: 11 HEMLOCK CIRCLE TRACE
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete
Name: CARLSON, CHRISTINE
Address: 4450 SW 46TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: LUMPKIN, PATTY MAJOR
Address: 692 NW 30TH AVE
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BREWER, JEFFREY S
Address: 11 HEMLOCK CIRCLE TRACE
City-St-Zip: OCALA, FL 34472

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

Title: D (X) Change ( ) Addition
Name: HALL, LINDA K
Address: 1812 SE 38TH AVE
City-St-Zip: OCALA, FL 34471

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: LINDA K. HALL SECY 07/27/2009

Electronic Signature of Signing Officer or Director — Date