

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 10, 2012
Secretary of State

DOCUMENT# N08000002089

Entity Name: ALZHEIMER'S & DEMENTIA ALLIANCE OF FLORIDA, INC.**Current Principal Place of Business:**1805 SE 16TH AVENUE
SUITE 102
OCALA, FL 34471**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
Name: BREWER, JEFFREY S
Address: 11 HEMLOCK CIRCLE TRACE
City-St-Zip: Ocala, FL 34472

Title: D
Name: SPANG, JOHN
Address: 537 SE 19TH STREET
City-St-Zip: Ocala, FL 34471

Title: D
Name: HALL, LINDA K
Address: 1812 SE 38TH AVE
City-St-Zip: Ocala, FL 34471

Title: D
Name: HARDISON, DAVID E
Address: 2531 NE 46TH STREET
City-St-Zip: Ocala, FL 34478

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

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: DAVID E. HARDISON

DIR

10/10/2012

Electronic Signature of Signing Officer or Director

Date