

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005745

FILED
Mar 24, 2009
Secretary of State

Entity Name: ALZHEIMERS RESOURCE COUNCIL OF FLAGLER COUNTY, INC.

Current Principal Place of Business:

54 WESTBROOK LANE
PALM COAST, FL 32164

New Principal Place of Business:

185 CYPRESS POINT PARKWAY
SUITE 5
PALM COAST, FL 32164

Current Mailing Address:

54 WESTBROOK LANE
PALM COAST, FL 32164

New Mailing Address:

185 CYPRESS POINT PARKWAY
SUITE 5
PALM COAST, FL 32164

FEI Number: 26-3498054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, VICTORIA A
54 WESTBROOK LANE
PALM COAST, FL 32164 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: P () Delete
Name: TAYLOR, VICKIE
Address: 54 WESTBROOK LANE
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: BELLETO, TERRI G
Address: 41 WELLSHIRE LN
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: COATES, CATHY S
Address: 12 BOLLING PLACE
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: NAZIF, MEDWIN
Address: 185 CYPRESS POINT PKWY, STE 5
City-St-Zip: PALM COAST, FL 32164

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: M () Change (X) Addition
Name: CASSIDY, MICHELLE
Address: 4703 SANDCASTLE CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

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: VICKIE TAYLOR

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date