

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005745

FILED
Jan 11, 2012
Secretary of State

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

Current Principal Place of Business:

185 CYPRESS POINT PARKWAY
SUITE 5
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

185 CYPRESS POINT PARKWAY
SUITE 5
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 26-3498054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAZIF, MEDWIN
185 CYPRESS POINT PARKWAY,
SUITE 5
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
Name: NAZIF, MEDWIN
Address: 185 CYPRESS POINT PARKWAY
City-St-Zip: PALM COAST, FL 32164

Title: VP
Name: CASSIDY, MICHELLE
Address: 4703 SANDCASTLE CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S
Name: BELLETO, TERRI G
Address: 41 WELLSHIRE LN
City-St-Zip: PALM COAST, FL 32164

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

Title: O/D
Name: SARNI, CAROL
Address: 7 NORTH PARK CIRCLE
City-St-Zip: PALM COAST, FL 3216437

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: MEDWIN NAZIF

P

01/11/2012

Electronic Signature of Signing Officer or Director

Date