

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13867

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE ALZHEIMER/PARKINSON ASSOCIATION OF IRC, INC.

Current Principal Place of Business:

2501-27TH AVE
A-8
VERO BEACH, FL 32960

New Principal Place of Business:

2300 5TH AVENUE
SUITE 150
VERO BEACH, FL 32960

Current Mailing Address:

2501 27TH AVE
A-8
VERO BEACH, FL 32960

New Mailing Address:

2300 5TH AVENUE
SUITE 150
VERO BEACH, FL 32960

FEI Number: 59-2437723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHORNER, JAMES A
1702 CLUB DRIVE
VERO BEACH, FL 32963 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: PD () Delete
Name: BRYAN, GEORGE
Address: 1550 56TH ST.
City-St-Zip: VERO BEACH, FL 32966

Title: TD () Delete
Name: SCHORNER, JAMES
Address: 150 S CAMELIA CT
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: WARDWELL, WAYNE
Address: 1183 GOVERNORS WAY
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: RICHARD, BLAKE
Address: 3835 MOCKINGBIRD DR.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: SCHORNER, JAMES A
Address: 150 S CAMELIA CT
City-St-Zip: VERO BEACH, FL 32963

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: JAMES A SCHORNER

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date