

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15548

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: ALZHEIMER'S FAMILY CENTER, INC.

**Current Principal Place of Business:**

6280 W ATLANTIC BLVD  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

6280 W ATLANTIC BLVD  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 59-2768189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SIEGEL, JEROME R.  
800 W CYPRESS CREEK ROAD  
SUITE 502  
FT LAUDERDALE, FL 33309 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: TOBIN, LESLEY  
Address: 7759 HIGHLANDS CIRCLE  
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete  
Name: LEWIS, TERRY  
Address: 2601 W. BROWARD BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: ST ( ) Delete  
Name: TODD, H. MURRAY DR  
Address: 1841 NE 45TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VD ( ) Delete  
Name: TOOLEY, BECKY  
Address: 4411 COCONUT CREEK BLVD  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete  
Name: SOTO, EDIT  
Address: 5810 CORAL RIDGE DRIVE, #100  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete  
Name: FISCHER, DONALD  
Address: 10899 NW 17TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEWIS, TERRY  
Address: 2601 WEST BROWARD BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP (X) Change ( ) Addition  
Name: PHILIP, SOLOMON  
Address: 3349 N. UNIVERSITY DR. #4  
City-St-Zip: DAVIE, FL 33024

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:

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: JOYCE M. KARNEY

DIR

06/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date