

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26285

FILED
Apr 12, 2006
Secretary of State

Entity Name: ALZHEIMER'S CONNECTIONS, EDUCATION AND SUPPORT, INC.

Current Principal Place of Business:

1713 E.SILVER SPRINGS BLVD
SUITE 2
OCALA, FL 34470 US

New Principal Place of Business:

2201 SW COLLEGE RD
SUITE 5
OCALA, FL 34475 US

Current Mailing Address:

PO BOX 6793
OCALA, FL 344786793 US

New Mailing Address:

FEI Number: 59-2930981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMETT, J.RANDALL
5353 SW COLLEGE RD
OCALA, FL 34474 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 () Delete
Name: CLARK, CRAIG T
Address: 2061 NE 40TH STREET
City-St-Zip: Ocala, FL 34479

Title: D () Delete
Name: BISHOP, W.E BUCKY
Address: 7743 SW SR 200
City-St-Zip: Ocala, FL 34476

Title: DT () Delete
Name: HAMMETT, J.RANDALL
Address: 5353 SW COLLEGE RD
City-St-Zip: Ocala, FL 34474

Title: DP () Delete
Name: HARDISON, DAVID
Address: 2531 NE 46TH ST
City-St-Zip: Ocala, FL 34479

Title: DVP (X) Delete
Name: PINARD, JUNE
Address: 4849 SE 110TH STREET SUITE 51
City-St-Zip: BELLEVIEW, FL 34420

Title: DS (X) Delete
Name: MAYBE, ROBERT
Address: 1601 SE 24TH ROAD
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FULLAM, WILLIAM
Address: 2201 SW COLLEGE RD, SUITE 5
City-St-Zip: Ocala, FL 34475

Title: D (X) Change () Addition
Name: FRISBIE, BEBE
Address: 2201 SW COLLEGE RD, SUITE 5
City-St-Zip: Ocala, FL 34475

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

Title: DS (X) Change () Addition
Name: TIWARI, ANEASH
Address: 2201 SW COLLEGE RD, SUITE 5
City-St-Zip: Ocala, FL 34475

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 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: WILLIAM FULLAM

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date