

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48680

FILED
Jan 18, 2008
Secretary of State

Entity Name: THE ALZHEIMER'S PROJECT, INC.

Current Principal Place of Business:

301 E THARPE ST
TALLAHASSEE, FL 32303

Current Mailing Address:

301 E THARPE ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

317 EAST CALL STREET
2ND FLOOR
TALLAHASSEE, FL 32301

New Mailing Address:

317 EAST CALL STREET
2ND FLOOR
TALLAHASSEE, FL 32301

FEI Number: 59-3163907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUSSELL, KAY
3505 SHARER ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

JONES, CATHERINE R
317 EAST CALL STREET
TALLAHASSEE, FL 32301 US

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: CATHERINE R. JONES

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNETT, SHARYN
Address: 1049 SHADY REST ROAD
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: BENNETT, CARL
Address: PO BOX 727
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: BOURGEOIS, MICHELLE
Address: FSU, 302 REGIONAL REHAB CTR
City-St-Zip: TALLAHASSEE, FL 32306

Title: D () Delete
Name: CAVALLARO, GINNY
Address: 8703 CENTERVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: P (X) Delete
Name: GOINS, BOB
Address: 798 VIOLET STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: T (X) Delete
Name: FUSSELL, KAY
Address: 3505 SHARER RD.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOINS, BOB
Address: 798 VIOLET STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: T (X) Change () Addition
Name: FUSSELL, KATHERINE
Address: 1517 HARBOR CLUB DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change () Addition
Name: MCCONNAUGHAY, ELAINE
Address: 2201 TRESCOTT DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: S (X) Change () Addition
Name: MILLER, MIKE
Address: 1308 CHERRY STREET
City-St-Zip: TALLAHASSEE, FL 32303

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: BOB GOINS

P

01/18/2008

Electronic Signature of Signing Officer or Director

Date