

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48680

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE ALZHEIMER'S PROJECT, INC.

Current Principal Place of Business:

317 EAST CALL STREET
2ND FLOOR
TALLAHASSEE, FL 32301

New Principal Place of Business:

301 E. THARPE STREET
TALLAHASSEE, FL 32303

Current Mailing Address:

317 EAST CALL STREET
2ND FLOOR
TALLAHASSEE, FL 32301

New Mailing Address:

301 E. THARPE STREET
TALLAHASSEE, FL 32303

FEI Number: 59-3163907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WERTMAN, WILLIAM E
301 E. THARPE STREET
TALLAHASSEE, FL 32303 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: WILLIAM E. WERTMAN

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: VP () Delete
Name: MCCONNAUGHAY, ELAINE
Address: 2201 TRECSCOTT DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: FUSSELL, KATHERINE
Address: 3505 SHARER ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP (X) Change () Addition
Name: HEULER, VICTORIA
Address: 1709 HERMITAGE BLVD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Change () Addition
Name: BENNETT, SHARYN
Address: 1049 SHADY REST ROAD
City-St-Zip: HAVANA, FL 32333

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: ELAINE MCCONNAUGHAY

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date