

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48680

FILED
Jan 06, 2011
Secretary of State

Entity Name: THE ALZHEIMER'S PROJECT, INC.

Current Principal Place of Business:

301 E. THARPE STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

301 E. THARPE STREET
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3163907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERTMAN, WILLIAM E
301 E. THARPE STREET
TALLAHASSEE, FL 32303 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: PRES
Name: HEULER, VICTORIA
Address: 1709 HERMITAGE BLVD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: TREA
Name: SANDERS, JOE
Address: 2412 PEREZ AVE.
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP
Name: HARRELL, SCOTT
Address: 2528-2 BARRINGTON CR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: SEC
Name: CAVALLARO, GINNY
Address: 8703 CENTERVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: CEO
Name: WERTMAN, WILLIAM E
Address: 2324 VIA SARDINA ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: CEO
Name: WERTMAN, WILLIAM E
Address: 2324 VIA SARDINA ST.
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E WERTMAN

CEO

01/06/2011

Electronic Signature of Signing Officer or Director

Date