

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90392 044 ****61.25

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1. Entity Name

ALZHEIMER'S LIFELINERS ASSOCIATION, INC.



Principal Place of Business

1800 SECOND STREET
SUITE 957
SARASOTA FL 34236

Mailing Address

1800 SECOND STREET
SUITE 957
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0588021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, MARY A
46 N. WASHINGTON BOULEVARD
SUITE 21
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME HAMILL, JOHN ☒ Delete
STREET ADDRESS 8325 MAREVA LANE
CITY-ST-ZIP SARASOTA FL 34241

TITLE TD
NAME HAGAN, DIANE DIANNE ☐ Delete
STREET ADDRESS 1800 2ND ST. STE 957
CITY-ST-ZIP SARASOTA FL 34236

TITLE PD
NAME ENGELBRECHT, LINDA ☐ Delete
STREET ADDRESS 2208 BAHIA VISTA, F-1
CITY-ST-ZIP SARASOTA FL 34239

TITLE D
NAME BECHE, RICHARD MD ☐ Delete
STREET ADDRESS 420 BAYSHORE DR
CITY-ST-ZIP VENICE FL 34285

TITLE RSD
NAME SABATTINI, LINDA ☐ Delete
STREET ADDRESS 4408 GLEBE FARM RD
CITY-ST-ZIP SARASOTA FL 34235

TITLE D
NAME ADDLER, HOLLY ☐ Delete
STREET ADDRESS 4938 BUCHANAN PL
CITY-ST-ZIP SARASOTA, FL 34231

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME BEEBE, RICHARD MD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Diane Hagan Treasurer

4/1/04

(941) 952-4444