


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000004425</b>	
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
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04292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0588021	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  JACKSON, MARY A 46 N. WASHINGTON BOULEVARD SUITE 21 SARASOTA, FL 34236
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAGAN, DIANNE 1800 2ND ST. STE 957 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGELBRECHT, LINDA 2208 BAHIA VISTA, F-1 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEEBE, RICHARD MD 420 BAYSHORE DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD SABATTINI, LINDA 4408 GLEBA FARM RD SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADDLER, HOLLY 4938 BUCHANAN PL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000355455 05/03/05-80149-008 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Dianne W. Hagan Treasurer 4/29/05 (941) 957-4444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #