

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004425

FILED
Apr 08, 2009
Secretary of State

Entity Name: ALZHEIMER'S LIFELINERS ASSOCIATION, INC.

Current Principal Place of Business:

1800 SECOND STREET
SUITE 957
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1800 SECOND STREET
SUITE 957
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0588021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, MARY A
46 NORTH WASHINGTON BLVD
SUITE 21
SARASOTA, FL 34236 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: TD () Delete
Name: HAGAN, DIANNE
Address: 1800 2ND ST. STE 957
City-St-Zip: SARASOTA, FL 34236

Title: PD () Delete
Name: ENGELBRECHT, LINDA
Address: 2208 BAHIA VISTA, F-1
City-St-Zip: SARASOTA, FL 34239

Title: D (X) Delete
Name: BEEBE, RICHARD MD
Address: 420 BAYSHORE DR
City-St-Zip: VENICE, FL 34285

Title: RSD () Delete
Name: SABATTINI, LINDA
Address: 4408 GLEBA FARM RD
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: ADDLER, HOLLY
Address: 4938 BUCHANAN PL
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: RSD (X) Change () Addition
Name: SABATTINI, LINDA
Address: 4408 GLEBE FARM RD
City-St-Zip: SARASOTA, FL 34235

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: DIANNE HAGAN

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date