2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004425

FILED Apr 08, 2009 Secretary of State

Entity Name: ALZHEIMER'S LIFELINERS ASSOCIATION, INC.

| | OND STREET | | | | |
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| SUITE 957 | A, FL 34236 | | | | |
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| urrent ivi | ailing Addres | 5: | New Maili | ng Address: | |
| | OND STREET | | | | |
| UITE 957 ARASOT | A, FL 34236 | | | | |
| | 65-0588021 | FEI Number Applied For () | FEI Number Not Appl | icable () Certificate of Status Desired () | |
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| ame and | Address of C | urrent Registered Agent: | Name and | Address of New Registered Agent: | |
| | , MARY A | N DLVD | | | |
| UITE 21 | I WASHINGTO | IN DLVU | | | |
| | A, FL 34236 L | JS | | | |
| | | ubmits this statement for the p | ourpose of changing it | ts registered office or registered agent, or bo | oth, |
| the State | of Florida. | | | | |
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| GNATUR | RE: | | | | |
| GNATUF | | c Signature of Registered Age | ent | Date | |
| | | - | | Date S/CHANGES TO OFFICERS AND DIRECT | — ГOR: |
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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