

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004425

FILED  
Feb 16, 2010  
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  
Name: HAGAN, DIANNE  
Address: 1800 2ND ST. STE 957  
City-St-Zip: SARASOTA, FL 34236

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

Title: RSD  
Name: SABATTINI, LINDA  
Address: 4408 GLEBE FARM RD  
City-St-Zip: SARASOTA, FL 34235

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

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: DIANNE D. HAGAN

TD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date