

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002103

FILED
Apr 15, 2009
Secretary of State

Entity Name: ALVIN A. DUBIN ALZHEIMER'S RESOURCE CENTER, INC.

Current Principal Place of Business:

10051 MCGREGOR BLVD.
SUITE 101
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

10051 MCGREGOR BLVD.
SUITE 101
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0580633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTERHOUT, JULIE
3738 SEAGO LANE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

OSTERHOUT, JULIE
3783 SEAGO LANE
FORT MYERS, FL 33901 US

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: _____ Date: 04/15/2009
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HAYWARD, ARCHIE
Address: PO BOX 447
City-St-Zip: FORT MYERS, FL 33902

Title: VD () Delete
Name: PONTIUS, LOU
Address: 16742 PANTHER PAW CT
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: GRAY-VICKREY, PEG
Address: 10501 FGCU BLVD S
City-St-Zip: FORT MYERS, FL 33965

Title: TD () Delete
Name: SWANK, BRITTON
Address: 3783 SEAGO LANE
City-St-Zip: FORT MYERS, FL 33901

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: () 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: BRITTON SWANK TD 04/15/2009
Electronic Signature of Signing Officer or Director Date