

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005197

FILED
Apr 06, 2009
Secretary of State

Entity Name: ALZHEIMER'S COMMUNITY CARE, INC.

Current Principal Place of Business:

800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 31-1481653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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: D () Delete
Name: SHALLOWAY, G M
Address: 1400 CENTREPARK BLVD #700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DC () Delete
Name: BUTCHER, LARRY E
Address: 1716 NW FORK ROAD
City-St-Zip: STUART, FL 34994

Title: DT () Delete
Name: GREGORY, JAMES FRAGAKIS
Address: 1120 ELIZABETH AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MCCracken, JOHN B
Address: 505 SOUTH FLAGLER DRIVE, SUITE 1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: WOLF, AUDREY
Address: 6627 OVERLAND DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: DS () Delete
Name: TRACY, PATRICIA
Address: 13088 MALLARD CREEK DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: BUTECHEER, LARRY E
Address: 1716 NW FORK ROAD
City-St-Zip: STUART, FL 34994

Title: DVC (X) Change () Addition
Name: BENNETT, CLARK D
Address: 630 US HIGHWAY 1, SUITE 103
City-St-Zip: NORTH PALM BEACH, FL 33408

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

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

Title: D (X) Change () Addition
Name: BARNES, MARY M
Address: 800 NORTHPOINT PARKWAY, SUITE 101B
City-St-Zip: WEST PALM BEACH, FL 33407

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: MARY M. BARNES

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date