


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90015 004 \*\*\*\*61.25

**DOCUMENT # N97000006203**

1. Entity Name  
**DEMENTIA CAREGIVER RESOURCES, INC.**



Principal Place of Business  
 10282 HOLIDAY LANE  
 LARGO, FL 33773

Mailing Address  
 10282 HOLIDAY LANE  
 LARGO, FL 33773



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01272008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**KARLE, KAREN**  
 10282 HOLIDAY LANE  
 LARGO, FL 33773

7. Name and Address of New Registered Agent  
 Name **KAREN TRUMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10282 Holiday Lane**  
 City **LARGO** FL Zip Code **33773**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen Truman* **President** **JAN-29, 2008**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees **Make check payable to Florida Department of State**

Filing Fee is **\$61.25** Due by **May 1, 2008**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRUMAN, KAREN	
STREET ADDRESS	10282 HOLIDAY LANE	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'BRIEN, GILDA	
STREET ADDRESS	87 MASTHEAD DR	
CITY-ST-ZIP	NORWELL, MA 02061	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAIN, LEELYN	
STREET ADDRESS	5611 BAYOU GRANDE BLVD. N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARTINGTON, CONNIE	
STREET ADDRESS	9025 98TH AVE N.	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WAGNER, JAMES EA	
STREET ADDRESS	400 LAKE AVE NE #114	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRUMAN, JEFF	
STREET ADDRESS	10282 HOLIDAY LANE	
CITY-ST-ZIP	LARGO, FL 33773	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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/trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Truman* **KAREN TRUMAN** **JAN-29, 2008** **727-391-9999**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #