


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 #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01272008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3486482

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

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 |
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| 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 #