

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006203

FILED
Jan 19, 2009
Secretary of State

Entity Name: DEMENTIA CAREGIVER RESOURCES, INC.

Current Principal Place of Business:

10282 HOLIDAY LANE
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

10282 HOLIDAY LANE
LARGO, FL 33773

New Mailing Address:

FEI Number: 59-3486482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUMAN, KAREN
10282 HOLIDAY LANE
LARGO, FL 33773 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: PD () Delete
Name: TRUMAN, KAREN
Address: 10282 HOLIDAY LANE
City-St-Zip: LARGO, FL 33773

Title: VPD () Delete
Name: O'BRIEN, GILDA
Address: 87 MASTHEAD DR
City-St-Zip: NORWELL, MA 02061

Title: SD () Delete
Name: MAIN, LEELYN
Address: 5611 BAYOU GRANDE BLVD. N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D () Delete
Name: PARTINGTON, CONNIE
Address: 9025 98TH AVE N.
City-St-Zip: LARGO, FL 33777

Title: TD () Delete
Name: WAGNER, JAMES EA
Address: 400 LAKE AVE NE #114
City-St-Zip: LARGO, FL 33771

Title: T () Delete
Name: TRUMAN, JEFF
Address: 10282 HOLIDAY LANE
City-St-Zip: LARGO, FL 33773

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:

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City-St-Zip:

Title: () Change () Addition
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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: JEFF TRUMAN

T

01/19/2009

Electronic Signature of Signing Officer or Director

Date