

# 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:

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: JEFF TRUMAN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

T

01/19/2009

\_\_\_\_\_ Date