

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006203

FILED
Jan 05, 2012
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
Name: TRUMAN, KAREN
Address: 10282 HOLIDAY LANE
City-St-Zip: LARGO, FL 33773

Title: VPD
Name: O'BRIEN, GILDA
Address: 1255 PASADENA AVE. SOUTH #2026
City-St-Zip: ST. PETERSBURG, FL 33707

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

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

Title: TD
Name: WAGNER, JAMES EA
Address: 1150 8TH AVE. SW #N2418
City-St-Zip: LARGO, FL 33770

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN TRUMAN

PD

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date