


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90100 002 \*\*\*\*61.25

<b>DOCUMENT # N99000004283</b>						
<b>1. Entity Name</b> ALZHEIMER'S HELPERS, INC.						
<b>Principal Place of Business</b> 871 VINDALE ROAD TAVARES, FL 32778			<b>Mailing Address</b> 871 VINDALE ROAD TAVARES, FL 32778			
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
				Country		
<b>4. FEI Number</b> 59-3585641				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>		
FAY, WILLIAM 871 VINDALE ROAD TAVARES, FL 32778				Name Street Address (P.O. Box Number is Not Acceptable) City		
				FL Zip Code		
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PVPD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAY, WILLIAM			NAME		
STREET ADDRESS	871 VINDALE RD			STREET ADDRESS		
CITY-ST-ZIP	TAVARES, FL 32778			CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZUCKERMAN, BETTY			NAME	D RESHELLA DECKER	
STREET ADDRESS	5002 ASHMEADE ROAD			STREET ADDRESS	513 KIMBERLY AVE.	
CITY-ST-ZIP	ORLANDO, FL 32810			CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	TSD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAY, ANNA MARIE			NAME		
STREET ADDRESS	871 VINDALE RD			STREET ADDRESS		
CITY-ST-ZIP	TAVARES, FL 32778			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, RITA L			NAME		
STREET ADDRESS	5647 WOOD STORK LANE			STREET ADDRESS		
CITY-ST-ZIP	GRANT, FL 32949			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAUNGS, RUTH M			NAME		
STREET ADDRESS	845 BRIAR CREEK BLVD NE APT 102			STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32905			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIS, JOY			NAME		
STREET ADDRESS	17223 LAKEVIEW CT			STREET ADDRESS		
CITY-ST-ZIP	UMATILLA, FL 32784			CITY-ST-ZIP		
<b>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 or 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.</b>						
<b>SIGNATURE:</b> <i>William Fay</i> <b>WILLIAM FAY President</b>				352-343-0947 Jan 12, 2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		