

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N99000004283**

1. Entity Name  
**ALZHEIMER'S HELPERS, INC.**



Principal Place of Business  
**871 VINDALE ROAD  
TAVARES, FL 32778**

Mailing Address  
**871 VINDALE ROAD  
TAVARES, FL 32778**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3585641**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FAY, WILLIAM  
871 VINDALE ROAD  
TAVARES, FL 32778**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000585667  
01/16/07-80021-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD FAY, WILLIAM 871 VINDALE RD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKER, RESHELLA 513 KIMBERLY AVE LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FAY, ANNA MARIE 871 VINDALE RD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, RITA L 5847 WOOD STORK LANE GRANT, FL 32849
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUNGS, RUTH M 845 BRIAR CREEK BLVD NE APT 102 PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JOY 17223 LAKEVIEW CT UMATILLA, FL 32784

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*William Fay*

*Jan 6, 2007*

**352-343-0947**  
**WILLIAM FAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #