

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 AM
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



01052008 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 <input type="checkbox"/>	\$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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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 5647 WOOD STORK LANE GRANT, FL 32949
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

000000785128
01/16/08-80082-014 61.25

**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* PVPD 1/5/2008 352-343-0947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #