

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004283

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: ALZHEIMER'S HELPERS, INC.

## Current Principal Place of Business:

871 VINDALE ROAD  
TAVARES, FL 32778

## New Principal Place of Business:

## Current Mailing Address:

871 VINDALE ROAD  
TAVARES, FL 32778

## New Mailing Address:

FEI Number: 59-3585641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAY, WILLIAM  
871 VINDALE ROAD  
TAVARES, FL 32778 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: PVPD ( ) Delete  
Name: FAY, WILLIAM  
Address: 871 VINDALE RD  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: DECKER, RESHELLA  
Address: 513 KIMBERLY AVE  
City-St-Zip: LEESBURG, FL 34788

Title: TSD ( ) Delete  
Name: FAY, ANNA MARIE  
Address: 871 VINDALE RD  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: LARSON, RITA L  
Address: 5647 WOOD STORK LANE  
City-St-Zip: GRANT, FL 32949

Title: D ( ) Delete  
Name: HAUNGS, RUTH M  
Address: 845 BRIAR CREEK BLVD NE APT 102  
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete  
Name: ELLIS, JOY  
Address: 17223 LAKEVIEW CT  
City-St-Zip: UMATILLA, FL 32784

## 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: ANNAMARIE FAY

TSD

01/17/2009

Electronic Signature of Signing Officer or Director

Date