

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004283

FILED
Jan 31, 2011
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
Name: FAY, WILLIAM
Address: 871 VINDALE RD
City-St-Zip: TAVARES, FL 32778 US

Title: D
Name: MERLETTI, JOYCE
Address: 176 SOUTH TARA DRIVE
City-St-Zip: TAVARES, FL 32778 US

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

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

Title: D
Name: SONENSTAHL, VERN
Address: 1304 MOHAWK CIRCLE
City-St-Zip: TAVARES, FL 32778 US

Title: D
Name: FAY, MICHAEL
Address: 3 SOUTH 034 TIMBER DRIVE
City-St-Zip: WARRENVILLE, IL 60555 US

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: WILLIAM FAY

PVPD

01/31/2011

Electronic Signature of Signing Officer or Director

Date