

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004049

Entity Name: ALZHEIMER'S FAMILY SERVICES, INC.**Current Principal Place of Business:**1901 N. PALAFOX STREET
PENSACOLA, FL 32501**Current Mailing Address:**1901 N. PALAFOX STREET
PENSACOLA, FL 32501**FEI Number: 59-3394242****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MISLEVY, JEFF
1901 N. PALAFOX STREET
PENSACOLA, FL 32501 US*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: JEFF MISLEVY****03/16/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name KING, CAREY
Address 913 GULF BREEZE PKWY, SUITE 6
City-State-Zip: GULF BREEZE FL 32561

Title VICE CHAIRMAN
Name THOMPSON, CARLA DR.
Address 11000 UNIVERSITY PKWY., BLDG. 77,
ROOM 104
City-State-Zip: PENSACOLA FL 32514

Title SECRETARY
Name FLOUNLACKER, STEPHANIE
Address 3711 MAULE ROAD
City-State-Zip: PENSACOLA FL 32503

Title TREASURER
Name WADDELL, JASON
Address 1108-A N 12TH AVENUE
City-State-Zip: PENSACOLA FL 32501

Title OFFICER
Name MISLEVY, JEFF
Address 5041 N. 12TH AVENUE
City-State-Zip: PENSACOLA FL 32504

Title PAST-CHAIR
Name BEAR, LEWIS III
Address 4045 CONNELL DRIVE
City-State-Zip: PENSACOLA FL 32503

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: JEFF MISLEVY**PRESIDENT/CEO****03/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date