2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004049

Entity Name: ALZHEIMER'S FAMILY SERVICES, INC.

FILED
Apr 03, 2018
Secretary of State
CC4634259965

Current Principal Place of Business:

5041 N. 12TH AVE. PENSACOLA, FL 32504

Current Mailing Address:

5041 N. 12TH AVE.

PENSACOLA, FL 32504 US

FEI Number: 59-3394242 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MISLEVY, JEFF 5041 N. 12TH AVE. PENSACOLA, FL 32504 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 04/03/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CHAIRMAN Title VICE CHAIRMAN

Name THOMPSON, CARLA DR. Name WADDELL, JASON

Address 11000 UNIVERSITY PKWY., BLDG 77, Address 1108-A N 12TH AVENUE

ROOM 104 City-State-Zip: PENSACOLA FL 32501

City-State-Zip: PENSACOLA FL 32514

Title SECRETARY Title TREASURER

Name MYERS, PATSY Name ENGLAND, CATHY

Address 5041 N 12TH AVENUE 5041 N 12TH AVENUE

City-State-Zip: PENSACOLA FL 32504

Title OFFICER

Name MISLEVY, JEFF

Address 5041 N. 12TH AVENUE
City-State-Zip: PENSACOLA FL 32504

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 CHIEF EXECUTIVE 04/03/2018
OFFICER

Electronic Signature of Signing Officer/Director Detail

Date