

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005197

Entity Name: ALZHEIMER'S COMMUNITY CARE, INC.

Current Principal Place of Business:

800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH, FL 33407

Current Mailing Address:

800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH, FL 33407

FEI Number: 31-1481653

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name RAPPAPORT, JUDITH B
Address 15780 HAYNIE LANE
City-State-Zip: JUPITER FL 33478

Title CHAIRMAN
Name GORMAN, ROBERT J
Address 1209 DELAWARE AVENUE
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR, TREASURER
Name JOHNSON, RANDY KSR.
Address 1900 W. 23RD STREET
City-State-Zip: RIVIERA BEACH FL 33404

Title DIRECTOR, PRESIDENT, CEO
Name BARNES, MARY M
Address 800 NORTHPOINT PARKWAY, SUITE 101B
City-State-Zip: WEST PALM BEACH FL 33407

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: MARY M BARNES

PRESIDENT / CEO

01/22/2021

Electronic Signature of Signing Officer/Director Detail

Date