

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001296

**Entity Name:** ALZHEIMERS ALLIANCE OF AMERICA CORP

**Current Principal Place of Business:**

3780 WILSHIRE BLVD  
SUITE 250  
LOS ANGELES, CA 90010

**Current Mailing Address:**

3780 WILSHIRE BLVD, SUITE 250  
LOS ANGELES, CA 90010 US

**FEI Number:** 47-4482497

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORTHWEST REGISTERED AGENT  
7901 4TH ST N, STE 300  
ST PETERSBURG, FL 33702 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            PRESIDENT  
Name            SOLOMON, DAVID  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            FISHER, CASEY  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            RALPH, KRISTIE  
Address        7901 4TH ST N  
                  STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title            SECRETARY  
Name            GILBERT, ALLEN  
Address        7901 4TH ST N  
                  STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** RALPH , KRISTIE

**DIRECTOR**

**02/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date