

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000751

**Entity Name:** ALZHEIMER'S CARE RESOURCE CENTER, INC.

**Current Principal Place of Business:**

2290 10TH AVE N #406  
LAKE WORTH, FL 33461

**Current Mailing Address:**

2290 10TH AVE N #406  
LAKE WORTH, FL 33461 US

**FEI Number:** 30-0762989

**Certificate of Status Desired:** No

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

FORGIE, ELAYNE  
2290 10TH AVE N #406  
LAKE WORTH, FL 33461 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:** ELAYNE FORGIE

04/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT & CEO

Name FORGIE, ELAYNE

Address 2290 10TH AVE N #406

City-State-Zip: LAKE WORTH FL 33461

Title VP

Name SEVERSON, KAREN

Address 2290 10TH AVE N #406

City-State-Zip: LAKE WORTH FL 33461

Title SECRETARY, TREASURER

Name EPSTEIN, DAWN

Address 2290 10TH AVE N #406

City-State-Zip: LAKE WORTH FL 33461

*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:** ELAYNE FORGIE

PRES

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date