

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:53

DOCUMENT # 751965 (5)

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION OF GREATER FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

**8333 W MCNAB RD.
TAMARAC FL 33321**

**8333 W MCNAB RD.
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1980

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2008883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUBIN, KENNETH G.
7875 WEST MCNAB ROAD
TAMARAC FL 33321**

81 Name

GERALD R. MEEHAN

82 Street Address (P.O. Box Number is Not Acceptable)

8333 W. MCNAB RD. #210

83

84 City

TAMARAC

FL

85 Zip Code

33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

3/30/95

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
REGAN-DEY, KATHIE
5599 NASSAU DR
BOCA RATON FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PEARLMAN, WILLIAM
9408 N.W. 80TH ST.
TAMARAC FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
CHARTERS, MOLLIE
10320 NW 48TH CT.
CORAL SPRINGS FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VPD
WEINMAN, WILLIAM
8000 HAMPTONS BLVD #202
N LAUDERDALE FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☒ Change ☐ Addition

**D
RICHARD TYSON, MD
9660 W. SAMPLE RD.
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95

DATE

(305) 726-0002

TELEPHONE NUMBER