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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751965** (5)

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION BROWARD COUNTY CHAPTER, INC.

Principal Place of Business

Mailing Address

8333 W MCNAB RD.
TAMARAC FL 33321

8333 W MCNAB RD.
TAMARAC FL 33321-3203



3. Date Incorporated or Qualified **04/11/1980** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERALD R. MEEHAN
8333 W MCNAB RD #210
TAMARAC FL 33321

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **REGAN-DEY, KATHIE**
STREET ADDRESS **5599 NASSAU DR**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **GOREN, NATHAN**
STREET ADDRESS **6383 BAYCLUB DR.**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **YABROW, MOLLIE**
STREET ADDRESS **10320 NW 48TH CT.**
CITY-ST-ZIP **CORAL SPRINGS FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RICHARD TYSON MD**
STREET ADDRESS **9000 W SAMPLE ROAD**
CITY-ST-ZIP **CORAL SPRINGS FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **P**
4.3 STREET ADDRESS **6801 E. Cypresshead Dr.**
4.4 CITY-ST-ZIP **Parkland, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Richard Tyson, MD 1/28/97 (954)753-1166

Date

Daytime Phone # 0036855

CR2E037 (9/96)