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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

8333 W MCNAB RD.
TAMARAC FL 33321

Mailing Address

8333 W MCNAB RD.
TAMARAC FL 33321

3. Date Incorporated or Qualified

04/11/1980

4. FEI Number

59-2008883

Applied For

Not Applicable

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

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	
TITLE	D	☐ DELETE
NAME	GOREN, NATHAN	
STREET ADDRESS	6393 BAYCLUB DR.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	YABROW, MOLLIE	
STREET ADDRESS	10320 NW 48TH CT.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P	☐ DELETE
NAME	RICHARD TYSON MD	
STREET ADDRESS	6801 E. CYPRESSHEAD DR.	
CITY-ST-ZIP	PARKLAND FL	
TITLE	P	☐ DELETE
NAME	RICHARD WELCH	
STREET ADDRESS	1620 SE 8TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:



Richard Welch 1/7/98 (954)763-2224

CR2E037 (10/97)