FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(5)

| ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCI ATION BROWARD COUNTY CHAPTER, INC. | | | | | | |
|---|--|--|--|--|--|----------------------|
| Principal Place of Business | | Mailing Address | Mailing Address | | | 11 10 |
| 8333 W MCNAB RD. TAMARAC FL 33321 TAMARAC FL 33321 | | | | 3. Date Incorporated or Qualified 04/11/1980 4. FEI Number Applied | l For | |
| | | | | | 59-2008883 Not App | olicable |
| 2. Principal Place of Business 21 | | 22. Mailing Address 26 | | | 5. Certificate of Status Desired S8.75 Addition Fee Require | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee | |
| City & State | | City & State | | | 7. Is this nonprofit corporation a homeowners association? | |
| Zip | Country Zip | | Cou | Country 8 This corporation ower or has paid the current upon late | | |
| 24 | 25 | 29 | 30 | , | 8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. Yes No | ile |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New Registered Agent | - |
| | | | | 81 Name | | |
| GERALD R. MEEHAN 8333 W MCNAB RD #210 | | | | 82 Street | t Address (P.O. Box Number is Not Acceptable) | |
| TAMARAC FL 33321 | | | | 83 | | |
| | | | I | 84 City | FL 85 Zip Code | |
| | to the provisions of Sections 617.05 registered agent, or both, in the Stalum familiar with, and accept the obli | 502 and 617.1508, Florida St te of Florida. Such change w gations of, Section 617.0503 | atutes, the ab as authorized , Florida Stati | ove-named by the corutes. | d corporation submits this statement for the purpose of changing its registrooration's board of directors. I hereby accept the appointment as registed | stered ered |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if applicable. | (NOTE: Registered | Agent signature | re required when reinstating) DATE | |
| 12. | OFFICERS A | ND DIRECTORS | 13. | • | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 12 |
| TITLE | TD | ☐ DELETE | 1.1 TIT | LE | Change | |
| NAME | REGAN-DEY, KATHIE | | 1.2 NA | ME | | Addition |
| STREET ADDRESS | 5599 NASSAU DR | | 1.2 197 | ME | , | Addition |
| CITY-ST-ZIP | | | | ME REET ADDRESS | | Addition |
| TITLE | | | 1.3 STE 1.4 CIT | REET ADDRESS Y-ST-ZIP | | |
| | D | DELETE | 1.3 STE 1.4 CIT 2.1 TIT | REET ADDRESS Y-ST-ZIP LE | | Addition Addition |
| NAME | D Goren, Nathan | ☐ DELETE | 1.3 STE 1.4 CIT 2.1 TIT: 2.2 NA | REET ADDRESS Y-ST-ZIP LE ME | | |
| NAME STREET ADDRESS | D Goren, Nathan 6383 Bayclub Dr. | DELETE | 1.3 STE 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STE | REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D GOREN, NATHAN 6383 BAYCLUB DR. FT LAUDERDALE FL | | 1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT | REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP | ☐ Change ☐ | Additian |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D GOREN, NATHAN 6383 BAYCLUB DR. FT LAUDERDALE FL D YABROW, MOLLIE | | 1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI | REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME | ☐ Change ☐ | Additian |
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14. I hereby certify that the information supplied with this filling 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

FILED

Jan 15 1998 8:00am

Secretary of State

(954)763-2224