2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90415 001 ****61.25

DOCUMENT # 751965

1. Entity Name
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, SOUTHEAST FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
700 S.DIXIE HWY SUITE 107 WEST PALM BEACH, FL 33401	700 S. DIXIE HWY SUITE 107 WEST PALM BEACH, FL 33401

04232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2008883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIPIETRO, CHERI
700 S. DIXIE HWY
SUITE 107
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: Grace Grant-Brown
Street Address (P.O. Box Number is Not Acceptable): 700 S. Dixie Hwy
Suite 107
City: West Palm Beach **FL** Zip Code: 33401

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 4/23/04.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TODD, MARK 1910 NE 59TH PLACE FORT LAUDERDALE, FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRANT, SUAN 960 E. TROPICAL WAY PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILDER, GREGORY CPA 1110 PONCE DE LEON DR FORT LAUDERDALE, FL 33316	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GILCHRIST, LINDA 7450 NW 29TH ST MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gilchrist, Linda 7450 NW 29th St Margate, FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOCHRIE, ROBERT 2330 DESOTA DRIVE FORT LAUDERDALE, FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Patrick Moran 2531 Sea Island Drive Ft. Lauderdale, FL 33301	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Gilchrist 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment — 540473981

2004 Not-For-Profit Corporation
Annual Report

Document # 754965

Entity Name: Alzheimer's Disease and Related Disorders Association
Southeast Florida Chapter, Inc.

Additional Officers and Directors:

Title: VD
Name: Samuel Ferreri
Street Address: 6541 Spring Meadow
City-State-Zip: Greenacres, FL 33413

Title: VD
Name: Dr. Ruth Tappen
Street Address: 6261 SW 16th St.
City-State-Zip: Plantation, FL 33317

Title: D
Name: Joseph Karp, Esq.
Street Address: 553 Greenway Drive
City-State-Zip: North Palm Beach, FL 33408

Title: D
Name: Valerie Moran
Street Address: 2531 Sea Island Drive
City-State-Zip: Ft. Lauderdale, FL 33301

Title: D
Name: Kathy Kalck, LPN
Street Address: 310 NW Treeline Trace
City-State-Zip: Port St. Lucie, FL 34986

Title: D
Name: Philip D. Mrozinski
Street Address: 9260 SW 14th St. #2507
City-State-Zip: Boca Raton, FL 3342