

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751965

FILED
Apr 24, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

4700 NORTH CONGRESS AVENUE
SUITE 101
WEST PALM BEACH, FL 33407

Current Mailing Address:

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

New Mailing Address:

4700 NORTH CONGRESS AVENUE
SUITE 101
WEST PALM BEACH, FL 33407

FEI Number: 59-2008883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAFFORD, MARK
700 S. DIXIE HWY
SUITE 107
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

PAFFORD, MARK
4700 NORTH CONGRESS AVENUE
SUITE 101
WEST PALM BEACH, FL 33407 US

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.

SIGNATURE: MARK S. PAFFORD

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MORAN, VALERIE
Address: 2531 SEA ISLAND DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: MORAN, PATRICK
Address: 2531 SEA ISLAND DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PD () Delete
Name: FERRERI, SAMUEL
Address: 5985 10TH AVE. N
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. PAFFORD

CEO

04/24/2006

Electronic Signature of Signing Officer or Director

Date