2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007
Secretary of State

DOCUMENT# 751965

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2008883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: 1VC (X) Change ( ) Addition
Name: TAPPEN, RUTH DR.
Address: 777 GLADES RD. BLDG.AZ79
City-St-Zip: BOCA RATON, FL 33431

Title: 2VC (X) Change ( ) Addition
Name: MROZINSKI, PHILLIP
Address: 9260 SW 14TH STREET
City-St-Zip: BOCA RATON, FL 33428

Title: C (X) Change ( ) Addition
Name: FERRERI, SAMUEL
Address: 5985 10TH AVE. N
City-St-Zip: GREENACRES, FL 33463

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 PAFFORD CEO 02/16/2007

Electronic Signature of Signing Officer or Director — Date