2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# 751965

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

Current Principal Place of Business:

3333 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3333 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

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:

BROWN, ELLEN
3333 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 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: CD ( ) Delete
Name: KALCK, KATHY
Address: 310 NW TREELINE TRACE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VD ( ) Delete
Name: HANDLEY, JAN
Address: 4300 NE 25TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D ( ) Delete
Name: MROZINSKI, PHILLIP
Address: 9260 SW 14TH ST., #2507
City-St-Zip: BOCA RATON, FL 33428

Title: TSD ( ) Delete
Name: PINEIRO, ENRIQUE
Address: 13180 SW 21ST STREET
City-St-Zip: MIAMI, FL 33175

Title: D (X) Delete
Name: KARP, JOSEPH
Address: 2875 PGA BLVD STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete
Name: KRUMBOCK, MONIKA
Address: 6212 FOX RUN CIRCLE
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: JOSEPH, KARP
Address: 2875 PGA BLVD STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

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 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: ENRIQUE PINEIRO TSD 06/29/2009

Electronic Signature of Signing Officer or Director — Date