

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751965

FILED
Jan 06, 2011
Secretary of State

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 (X)**

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
Name: KALCK, KATHY
Address: 310 NW TREELINE TRACE
City-St-Zip: PORT ST LUCIE, FL 34986

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

Title: D
Name: SUSSMAN, WILLIAM ESQ.
Address: PO BOX 656175
City-St-Zip: MIAMI, FL 33256

Title: TVC
Name: PINEIRO, ENRIQUE
Address: 13180 SW 21ST STREET
City-St-Zip: MIAMI, FL 33175

Title: S
Name: KRUMBOCK, MONIKA
Address: 6212 FOX RUN CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: D
Name: FERRERI, SAMUEL
Address: 2056 VISTA PARKWAY #225
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: ELLEN BROWN

CEO

01/06/2011

Electronic Signature of Signing Officer or Director

Date

01/06/2011 13:12 Alzheimers Disease Disorders

(FAX)954 786 1538

P.002/003

Southeast Florida Chapter
24/7 HELPLINE 800.272.3900
www.alz.org/seflorida

Chapter Headquarters
West Palm Beach Office
3333 Forest Hill Blvd.
West Palm Beach, FL 33406

Deerfield Beach Office
North Broward Medical Ctr.
201 E. Sample Road
Deerfield Beach, FL 33064

Hobe Sound Office
Seacoast Bank Building
11711 SE. US Hwy.1
Hobe Sound, FL 33455

Miami Office
North Shore Medical Ctr.
1100 NW 95th Street
Miami, FL 33150

800.861.7826 p
561.967.0947 f

800.861.7826 p
954.786.1538 f

800.861.7826 p
772.382.0378 f

800.861.7826 p
305.835.2449 f

January 6, 2011

751965

alzheimer's association

Florida Department of State
Division of Corporations
Fax 850-245-6017

1/6/11

RE: Additional board members
Document Number 751965
Dear Sirs,

Please attach the following seven additional board members to our annual report document #751965

Joyce McLendon
300 S. Ocean Drive
Palm Beach, Fl. 33480
Title: Board member

Elliott Starman
901 Ne 125th Street
North Miami, Fl. 33161
Title: Board member

Joel Levy D.S.W
108 Vizcaya Estates Dr.
Palm Beach Gardens, 33418
Title: Board member

Charles Rutherford, Esq.
2600 N. Military Trail Ste. 400
Boca Raton, Fl. 33431
Title: Board member

Marylou Watchman
269 Miraflores Dr
Palm Beach, Fl. 33480
Title: Board member