

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762624 (5)

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, MANATEE/SARASOTA AREA CHAPTER, INC.



Principal Place of Business

Mailing Address

350 BRADEN AVENUE  
SARASOTA FL 34243

350 BRADEN AVENUE  
SARASOTA FL 34243

3. Date Incorporated or Qualified

03/29/1982

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2207134

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWERY, LOIS  
3239 GOLDEN EAGLE LANE  
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BRAZNELL, BERNICE  
STREET ADDRESS 755 S. PALM AVENUE #501  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME STURM, ALAN T  
STREET ADDRESS 4458 GARCIA AVE  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME SANDY, CYNTHIA  
STREET ADDRESS 1217 EAST AVENUE S  
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME HAMILL, JOHN  
STREET ADDRESS 1605 MAIN STREET  
CITY-ST-ZIP SARASOTA FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME LUAN, MORROW  
STREET ADDRESS 5416 1ST AVE W  
CITY-ST-ZIP BRADENTON FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME LOWERY, LOIS  
STREET ADDRESS 3239 GOLDEN EAGLE LANE  
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

LOIS V. LOWERY (LOIS V. LOWERY)  
TREASURER

1/18/96

441 923-7722

Date

Daytime Phone #

CR2E037 (12/95)