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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

762624

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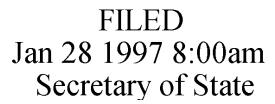
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, MANATEE/SARASOTA AREA CHAPTER, INC.

350 BRADEN AVENUE SARASOTA FL 34243

Principal Place of Business

Mailing Address

350 BRADEN AVENUE SARASOTA FL 34243-2001





					3. Date Incorporated or Qualified 03/29/1982	3a. Date of Last Report 01/29/1996
2. Principal Pla	ace of Business	28. Mailing Address		4. FEI Number	Applied For	
21 26					59-2207134	Not Applicable
Suite, Apt. #	*. etc	Suite, Apt. #, etc.				- CO 75 Addis1
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	[™] 7		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count		8. This corporation has liability for int	
24				Florida Statutes Yes No 10. Name and Address of New Registered Agent		
				ST NAME JUDITH A. KENNEY		
LOWERY, LOIS				82 Street Address (P.O. Box Number is Not Acceptable)		
3239 GOLDEN EAGLE LANE					Grand Bay Blud, #2:	54
SARASOTA FL 34231				83	1	•
				84 City		85 Zip Code
				6041	GBOAT KRY	FL 3422 <i>R</i>
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						
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.						
	JUDITH A. KENNE		0	116 A.	Leoney	1/20/97
	Signature, typed or printed name of registered agen		Registere	Agent signature requ	uired when reightating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 T/	rle		Change Addition
NAME	BRAZNELL, BERNICE		1.2 N/	ME		
STREET ADDRESS	755 S. PALM AVENUE #501			REET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1,4 0	TY-ST-ZIP		
TITLE			2.1 Ti	TLE	170	Change Addition
NAME	STURM, ALAN T		2.2 N/		VP	
STREET ADDRESS			2.3 \$1	REET ADDRESS	KANE, CLAUDIA A.	
CITY - ST - ZIP	SARASOTA FL		2.40	ITY-ST-ZIP	7931 Timberwood Cit Sarasota, FL 342	28 ₁₆
TITLE	SD	DELETE	3,1 71	ne I	SD	Change Addition
NAME	SANDY, CYNTHIA	_	3.2 N		Dottie Muise	
STREET ADDRESS	1217 EAST AVENUE S			ı	200 Nassau St., N.	
CITY-ST-ZIP	SARASOTA FL			1	Venice FL 34285	
TITLE	SD	DELETE	4.1 TI	T) C		Change Addition
NAME	KIEVITH. SANDR	_	4 2 N	AME	D	
STREET ADDRESS	4056 BEACON DR				BOYER, EDWIN	
CITY-ST-ZIP	SARASOTA FL			TY-ST-ZIP	1800 Second St., S Sarasota, FL 3423	te.765
TITLE	PD	DELETE	5.1 Tr		Sarasota, FL 3423	Change Addition
NAME	MAY, JOAN	trad -	5.2 N			
	600 MANATEE AVE # 13			REET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP	HOLMES BEACH FL	▼ DELETE	5.4 C 6.1 Ti	TY-ST-ZIP	TD	Change Addition
TITLE	TD	NECE IE				и стапро и монана
NAME	LOWERY, LOIS		6.2 N		KENNEY, JUDY	
STREET ADDRESS	3239 GOLDEN EAGLE LANE			REET ADDRESS	3040 Grand Bay Blv	
CITY-ST-ZIP	SARASOTA FL		6.4 C	TY-ST-ZIP	Long Boat Key, FL	34228

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 Date 9/4-387-64/9 Daytime Phone # 0063798