

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34243350 BRADEN AVENUE
SARASOTA FL 34243-20013. Date Incorporated or Qualified
03/29/19823a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2207134

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

JUDITH A. KENNEY

82

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

3040 GRAND BAY BLVD, #254

83

84

City

LONGBOAT KEY

FL

85

Zip Code

34228

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 JUDITH A. KENNEY

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

Judith A. Kenney

(If Not Registered Agent signature required when registering)

1/20/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAZELL, BERNICE	
STREET ADDRESS	755 S. PALM AVENUE #501	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STURM, ALAN T	
STREET ADDRESS	4458 GARCIA AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANDY, CYNTHIA	
STREET ADDRESS	1217 EAST AVENUE S	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KIEVITH, SANDR	
STREET ADDRESS	4056 BEACON DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAY, JOAN	
STREET ADDRESS	600 MANATEE AVE # 13	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LOWERY, LOIS	
STREET ADDRESS	3239 GOLDEN EAGLE LANE	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	KANE, CLAUDIA A.
2.4 CITY-ST-ZIP	7931 Timberwood Circle Sarasota, FL 34238
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	Dottie Muise
3.4 CITY-ST-ZIP	200 Nassau St., N. Venice, FL 34285
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	BOYER, 3DWIN
4.4 CITY-ST-ZIP	1800 Second St., Ste. 765 Sarasota, FL 34236
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD
6.3 STREET ADDRESS	KENNEY, JUDY
6.4 CITY-ST-ZIP	3040 Grand Bay Blvd. Long Boat Key, FL 34228

14. I do hereby certify that the information supplied with this filing 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: Judith A. Kenney JUDITH A. KENNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

Date

914-387-6419

Daytime Phone # 0063795

CR2E037 (9/96)