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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90050 002 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762624**

1. Corporation Name

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

Principal Place of Business

350 BRADEN AVENUE  
SARASOTA FL 34243

Mailing Address

350 BRADEN AVENUE  
SARASOTA FL 34243



2. Principal Place of Business 21 1230 S. Tuttle Ave. Suite, Apt. #, etc. 22 City & State 23 Sarasota, FL Zip 34239	2a. Mailing Address 26 1230 S. Tuttle Ave. Suite, Apt. #, etc. 27 City & State 28 Sarasota, FL Zip 34239	3. Date Incorporated or Qualified 03/29/1982 4. FEI Number 59-2207134 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

KENNEY, JUDITH A  
3040 GRAND BAY BLVD #254  
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name Joseph E. Reynolds	82 Street Address (P.O. Box Number is Not Acceptable) 5176 Sunnydale Circle W	83	84 City Sarasota	85 Zip Code FL 34233
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11. Pursuant to the provisions of Sections 617.0603 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

*Joseph E. Reynolds*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-8-99  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME BRAZNEILL, BERNICE STREET ADDRESS 755 S. PALM AVENUE #501 CITY-ST-ZIP SARASOTA FL 34236	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME Tom Conklin 1.3 STREET ADDRESS 1332 West Way Drive 1.4 CITY-ST-ZIP Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME KANE, CLAUDIA A STREET ADDRESS 7931 TIMBERWOOD CIR CITY-ST-ZIP SARASOTA FL 34238	<input type="checkbox"/> DELETE	2.1 TITLE VP 2.2 NAME Joseph E. Reynolds 2.3 STREET ADDRESS 5176 Sunnydale Circle W 2.4 CITY-ST-ZIP Sarasota, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BOYER, EDWIN STREET ADDRESS 1800 2ND ST, STE 765 CITY-ST-ZIP SARASOTA FL 34236	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME Charles E. Koenigter 3.3 STREET ADDRESS 27 Avenue of the Flower 3.4 CITY-ST-ZIP Longboat Key, FL 34228	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME MAY, JOAN STREET ADDRESS 600 MANATEE AVE # 13 CITY-ST-ZIP HOLMES BEACH FL 34217	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME Marjorie Weppler 4.3 STREET ADDRESS 6651 Oakbrook Circle 4.4 CITY-ST-ZIP Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME KENNEY, JUDY STREET ADDRESS 3040 GRAND BAY BLVD. CITY-ST-ZIP LONGBOAT KEY FL 34228	<input type="checkbox"/> DELETE	5.1 TITLE TD 5.2 NAME Marjorie Weppler 5.3 STREET ADDRESS 6651 Oakbrook Circle 5.4 CITY-ST-ZIP Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE:

*Joseph E. Reynolds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

941-365-8883

CR2E037 (11/98)