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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 PM 2:13

DOCUMENT # 765863 (6)

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION-VOLUSIA/FLAGLER COUNTIES CHAPTER, INC.

Principal Place of Business	Mailing Address
310 NO. NOVA RD ORMOND BEACH FL 32174-2122 US	310 N NOVA ROAD ORMOND BEACH FL 32174-2122 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1982
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2260664 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 310 No. Nova Road	26 310 No. Nova Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ormond Beach, Florida	28 Ormond Beach, Florida
24 Zip 32174 25 Country U.S.A.	29 Zip 32174 30 Country U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALMETTO CHARTER SERVICE INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32014	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Executive Director ☐ Change ☐ Addition
NAME	HALL, BETTY	12 NAME	Hall, Betty
STREET ADDRESS	1503 N. BEACH ST.	13 STREET ADDRESS	1503 N. Beach Street
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	Ormond Beach, Fl. 32174
TITLE	S	21 TITLE	Secretary ☐ Change ☐ Addition
NAME	CLARK, DOROTHY	22 NAME	Clark, Dorothy
STREET ADDRESS	6 MELALEUCA CIRCLE	23 STREET ADDRESS	6 Melaleuca Circle
CITY-ST-ZIP	ORMOND BEACH FL	24 CITY-ST-ZIP	Ormond Beach, Fl 32176
TITLE	D	31 TITLE	Board Member ☐ Change ☐ Addition
NAME	KROL, JOSEPH D. (ATT	32 NAME	Krol, Joseph D.(Atty)
STREET ADDRESS	1032 BELAIRE DR.	33 STREET ADDRESS	1032 Belaire Dr.
CITY-ST-ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP	Daytona Beach, Fl 32118
TITLE	PD	41 TITLE	President D ☐ Change ☐ Addition
NAME	KABANA, PALMERA	42 NAME	Kabana, Palmera
STREET ADDRESS	328 AUBURN DRIVE	43 STREET ADDRESS	328 Auburn Drive
CITY-ST-ZIP	DAYTONA BEACH FL	44 CITY-ST-ZIP	Daytona Beach, Fl 32118
TITLE	VD	51 TITLE	Vice President D ☐ Change ☐ Addition
NAME	OSNER, MARGARET	52 NAME	Margaret Osner PA
STREET ADDRESS	#2 BLACKWELL PLACE	53 STREET ADDRESS	P.O. Box 350759
CITY-ST-ZIP	PALM COAST FL	54 CITY-ST-ZIP	Palm Coast, Fl. 32135
TITLE	TD	61 TITLE	Treasurer ☐ Change ☐ Addition
NAME	ECCLESTONE, DORIS	62 NAME	Ecclestone, Doris
STREET ADDRESS	73 FALLS WAY DR.	63 STREET ADDRESS	73 Falls Way Drive
CITY-ST-ZIP	ORMOND BEACH FL	64 CITY-ST-ZIP	Ormond Beach, Fl. 32174

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)(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: Betty Hall Betty Hall, Executive Director May 18, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(904)673-8833
Daytime Phone Number

0000740