FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

03-10-1999 90017 022 ****61.25

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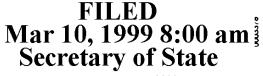
DOCUMENT # 765863

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

Principal Place of Business 310 NO. NOVA RD ORMOND BEACH FL 32174-2122

310 N NOVA ROAD

ORMOND BEACH FL 32174-2122



2. Principal Place of Business			2a. Mailing Address			Date Incorporated or Qualifed 11/23/1982	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number Applied For	
22			7			59-2260664 Not Applicable	
City & State	е	28	City & State			5. Certifcate of Status Desired \$8.75 Additional Fee Required	
Zip	Country	20	Zip Cou			6. Election Campaign Financing 55.00 May Be	
	25	29	30	`		Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name	•	
DALASTTO CHARTER SERVICE INC				82 Street Address (P.O. Box Number is Not Acceptable)			
PALMETTO CHARTER SERVICE INC.				02	SUBBLA	Address (F.O. Box Multiper is Not Acceptable)	
150 MAGNOLIA AVE.				83			
DAYTONA BEACH FL 32014					011	85 Zip Code	
				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							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the opportunities of Speciment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE	- May	0.	4 Ili	<u>λ</u>		3-3-99	
	Signature, typed or printed name of registered agent a				t signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	GFFICERS AND	DIR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED		☐ DELETE	1,1 TITLE			
NAME	HALL, BETTY			1.2 NAME			
STREET ADDRESS				1.3 STREET		S	
CITY-ST-ZIP	ORMOND BEACH FL			1.4 CITY-\$	r-ZIP	☐ Change ☐ Addition	
TITLE	S		☐ DELETE	2.1 TITLE	l	, Change District	
NAME	CLARK, DOROTHY			2.2 NAME	İ	• • •	
STREET ADDRESS	O MELALEGON ONICLE		2.3 STREET		5		
CITY-ST-ZIP	OTHER BESTELL		2.4 CITY-S	T-ZIP	☐ Change ☐ Addition		
TITLE	D		☐ DELETE	3.1 TITLE	- 1	_ stange	
NAME	KROL, JOSEPH D. (ATT			3.2 NAME	4000500		
STREET ADDRESS				3.3 STREET		5	
CITY-ST-ZIP	DAYTONA BEACH FL		☐ DELETE	3.4. CITY-S 4,1 TITLE	1-ZIP	☐ Change ☐ Addition	
TITLE	PD		□ Acreic			_ stange	
NAME	KABANA, PALMERA			4. 2 NAME	. ******		
STREET ADDRESS			İ	4.3 STREET		3	
CITY-ST-ZIP	DAYTONA BEACH FL		☐ DELETE	4.4 CITY-S' 5.1 TITLE	- 2112	Change Addition	
TITLE	VPD		← bereie	5.1 IIILE 5.2 NAME	1		
NAME	OSNER, MARGARET			5.3 STREET	ADDRESS	s	
STREET ADDRESS				5.4 CITY-S		•	
CITY-ST-ZIP	PALM COAST FL DISETS 61T			6.1 TITLE		☐ Change ☐ Addition	
TITLE	TD			6.2 NAME			
NAME	ECCLESTONE, DORIS				TADORESS	s	
STREET ADDRESS				6.4 CITY-S		~	
CITY OT 7ID	ODMOND REACH CL			■ 0.4 UHY-S	1-41	1	

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: