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

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765863

1. Corporation Name

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

Principal Place of Business

310 NO. NOVA RD
ORMOND BEACH FL 32174-2122
US

Mailing Address

310 N NOVA ROAD
ORMOND BEACH FL 32174-2122
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/23/1982

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

9. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICE INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32014

10. Name and Address of New Registered Agent

81 Name

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

83

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-99

12. OFFICERS AND DIRECTORS

TITLE ED
NAME HALL, BETTY
STREET ADDRESS 1503 N. BEACH ST.
CITY-ST-ZIP ORMOND BEACH FL

TITLE S
NAME CLARK, DOROTHY
STREET ADDRESS 6 MELALEUCA CIRCLE
CITY-ST-ZIP ORMOND BEACH FL

TITLE D
NAME KROL, JOSEPH D. (ATT
STREET ADDRESS 1032 BELAIRE DR.
CITY-ST-ZIP DAYTONA BEACH FL

TITLE PD
NAME KABANA, PALMERA
STREET ADDRESS 328 AUBURN DRIVE
CITY-ST-ZIP DAYTONA BEACH FL

TITLE VPD
NAME OSNER, MARGARET
STREET ADDRESS P O BOX 350759 N/A
CITY-ST-ZIP PALM COAST FL

TITLE TD
NAME ECCLESTONE, DORIS
STREET ADDRESS 73 FALLS WAY DR.
CITY-ST-ZIP ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE *Betty Hall*

3-3-99

904
673-8833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)