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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N01438** **(3)**

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - GREATER TAMPA CHAPTER

Principal Place of Business	Mailing Address
9365 US HWY 19 N SUITE B PINELLAS PARK FL 33782 US	9365 US HWY 19 N SUITE B PINELLAS PARK FL 33782 US

3. Date Incorporated or Qualified: 02/14/1984

4. FEI Number: 59-2378435 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GIBBONS, KIRK M.
3321 HENDERSON BLVD.
TAMPA FL 33609

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 _____ 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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DODGE, HOWARD		1.2 NAME	
STREET ADDRESS	LONG SHADOW INN, 627 HIGHLAND AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, CHARLOTTE		2.2 NAME	
STREET ADDRESS	BALOONS & MORE, 1907 SHANNONWOOD CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33510		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CURLEY, JEWEL		3.2 NAME	
STREET ADDRESS	7929 JAYWOOD RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33777		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STODOLA, MARTI		4.2 NAME	
STREET ADDRESS	20116 GULF BLVD., #4		4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES BEACH FL 33785		4.4 CITY-ST-ZIP	
TITLE	ED	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, ERIC		5.2 NAME	
STREET ADDRESS	9365 U.S. HIGHWAY 19 NORTH, #B		5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33782		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: [signature] **REQUIRED** Jan. 22 1998 578-2559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #