

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90237 032 ****61.25

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DOCUMENT # N01438

1. Corporation Name

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

Principal Place of Business

9365 US HWY 19 N
SUITE B
PINELLAS PARK FL 33782
US

Mailing Address

9365 US HWY 19 N
SUITE B
PINELLAS PARK FL 33782
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

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 Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **S**
DODGE, HOWARD
STREET ADDRESS LONG SHADOW INN, 627 HIGHLAND AVENUE
CITY-ST-ZIP DUNEDIN FL 34698TITLE ☐ DELETENAME **VPD**
HOWARD, CHARLOTTE
STREET ADDRESS BALOONS & MORE, 1907 SHANNONWOOD CT.
CITY-ST-ZIP BRANDON FL 33510TITLE ☒ DELETENAME **TD**
CURLEY, JEWEL
STREET ADDRESS 7929 JAYWOOD RD
CITY-ST-ZIP LARGO FL 33777TITLE ☒ DELETENAME **SD**
STODOLA, MARTI
STREET ADDRESS 20116 GULF BLVD., #4
CITY-ST-ZIP INDIAN SHORES BEACH FL 33785TITLE ☐ DELETENAME **ED**
GREENE, ERIC
STREET ADDRESS 9365 U.S. HIGHWAY 19 NORTH, #B
CITY-ST-ZIP PINELLAS PARK FL 33782TITLE ☐ DELETENAME ~~**P**~~
~~FORLIZZO, ROBERT~~
STREET ADDRESS ~~13577 FEATHER SOUND DRIVE, STE 300~~
CITY-ST-ZIP ~~CLEARWATER, FL 34622~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ AdditionNAME **P**
FORLIZZO, ROBERT
1.2 STREET ADDRESS 13577 FEATHER SOUND DR, STE 300
1.3 CITY-ST-ZIP CLEARWATER, FL 346222.1 TITLE ☐ Change ☒ AdditionNAME **T**
KELLY, BILL
2.2 STREET ADDRESS 2803 ST. CLOUD OAKS DR
2.3 CITY-ST-ZIP VALRICO, FL 335953.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)