
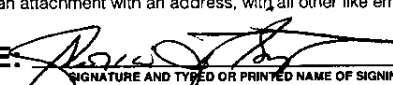


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90018 037 ****70.00

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| DOCUMENT # N01438 1. Entity Name ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.-FLORIDA GULF COAST 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2378435 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SMITH, GLORIA J.T. 9365 US HWY 19 N SUITE B PINELLAS PARK, FL 33782 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WELLNER, THOMAS 100 SECOND AVE. ST. PETERSBURG, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HOWARD, CHARLOTTE 1907 SHANNONWOOD CT BRANDON, FL 33510 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAVEZA, GREGORY USF 30408 4202 E FOWLER AVE TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SILLIMAN, DIANNE 1310 SILLIMAN LANE SEFFNER, FL 33584 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 79032 Tampa, FL 33619 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORLAN, RICHARD M MD 1345 E BAY DR STE 201 LARGO, FL 33770 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M SMITH, GLORIA 6551 SHORELINE DR. #6206 SAINT PETERSBURG, FL 33708 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | Gloria J.T. Smith 1/28/04 (727) 578-2558 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

Attachment
Doc. # N01438
44007964

Additions to Officers and Directors in 10

Chairman
Kelly, William
2803 St. Cloud Oaks Drive
Valrico, FL 33594

Director
Robinson, Bruce
1700 South Tamiami Trail
Sarasota, FL 34239

Director
Conklin, Thomas
1332 West Way Drive
Sarasota, FL 34236

Director
Scott, Sean
3233 East Bay Drive, Suite 104
Largo, FL 33771

Director
Connelly, Peggy
2960 Tampa Road
Palm Harbor, FL 34684

Director
Spencer, Kim
1013 East Gibson Street
Arcadia, FL 34266

Director
Hamilton, Roberta
4196 Bowling Green Circle
Sarasota, FL 34233

Director
Wepler, Marge
6651 Oakbrooke Circle
Bradenton, FL 34202

Director
Hemness, Emma
205 North Parsons Avenue, Suite A
Brandon, FL 33510-4515

Director
Whalen, James
10000 U.S. 98 North #364
Lakeland, FL 33809

Director
Kaplan, Mary
4626 Bay Crest Drive
Tampa, FL 33615

Director
Whitehouse, Mary
20 North Main Street Room 460
Brooksville, FL 34601

Director
Keller, Pamela
35380 Washington Loop Road
Punta Gorda, FL 33982

Director
Nunez, Margarita
9887 4th Street North, Suite 200
St. Petersburg, FL 33702

Director
Lucas, Carol
726 Ellicott Circle
Port Charlotte, FL 33952