

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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01222007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2378435 Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, GLORIA J.T. 9365 US HWY 19 N SUITE B PINELLAS PARK, FL 33782			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	CD WELLNER, THOMAS 100 SECOND AVE. ST. PETERSBURG, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEMNESS, EMMA 302 S MASSACHUSETTS AVE LAKELAND, FL 33801	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, GLORIA 6551 SHORELINE DR. #6206 SAINT PETERSBURG, FL 33708	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BABBETTE, BACH, BABBETTE 1701 HAWTHORNE ST SARASOTA, FL 34236	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARX, RICHARD 4910 E. LONGBOAT BLVD. TAMPA, FL 33615	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list for other directors				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Howard, Charlotte 1907 Shannonwood Ct Brandon, FL 33510				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT 40008486

ALZHEIMER'S ASSOCIATION #N01438

The Florida Gulf Coast Chapter

BOARD OF DIRECTORS

2007-2008

Note: BOLDED ADDRESS INFORMATION IS FOR MAILING PURPOSES

President

Richard A. Marx

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Charlotte Howard

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Secretary

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Attorney at Law

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40008486
N01438

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Gloria J. T. Smith

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