

FILED
Jan 15, 2008 8:00 am
Secretary of State

DOCUMENT # N01438 1. Entity Name ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.-FLORIDA GULF COAST CHAPTER	
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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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
SMITH, GLORIA J.T. 9365 US HWY 19 N SUITE B PINELLAS PARK, FL 33782	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEMNESS, EMMA 302 S MASSACHUSETTS AVE LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, GLORIA 6551 SHORELINE DR. #6206 SAINT PETERSBURG, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BACH, BABETTE 1701 HAWTHORNE ST SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARX, RICHARD 4910 E. LONGBOAT BLVD. TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWARD, CHARLOTTE 1907 SKENNON WOOD CT BRANDON, FL 33510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list for additional directors	

**DO NOT WRITE
IN THIS SPACE**

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Coloria J. Smith 1/8/08 727-578-2558

Date Daytime Phone #

ATTACHMENT

ALZHEIMER'S ASSOCIATION
The Florida Gulf Coast Chapter
BOARD OF DIRECTORS
2007-2008

40004103
N01438

Note: BOLDED ADDRESS INFORMATION IS FOR MAILING PURPOSES

President

Richard A. Marx

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Vacant

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ATTACHMENT

40004103

NO1438

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Gloria J. T. Smith

President/CEO

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