

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01438

FILED
Jan 07, 2010
Secretary of State

Entity Name: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.-FLORIDA GULF COAST CHAPTER

Current Principal Place of Business:

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

New Principal Place of Business:

14010 ROOSEVELT BLVD.
SUITE 709
CLEARWATER, FL 33762 US

Current Mailing Address:

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

New Mailing Address:

14010 ROOSEVELT BLVD.
SUITE 709
CLEARWATER, FL 33762 US

FEI Number: 59-2378435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, GLORIA J.T.
9365 US HWY 19 N
SUITE B
PINELLAS PARK, FL 33782 US

Name and Address of New Registered Agent:

SMITH, GLORIA J.T.
14010 ROOSEVELT BLVD.
SUITE 709
CLEARWATER, FL 33762 US

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.

SIGNATURE:

01/07/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: NUNEZ, MARGARITA DR.
Address: 536 WEST DAVIS BLVD.
City-St-Zip: TAMPA, FL 33606

Title: P
Name: SMITH, GLORIA
Address: 6551 SHORELINE DR. #6206
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VD
Name: SILVERGLAT, ALAN
Address: 13302 PALMER'S CREEK TERRACE
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: CD
Name: MARX, RICHARD
Address: 4910 E. LONGBOAT BLVD.
City-St-Zip: TAMPA, FL 33615

Title: TD
Name: HOWARD, CHARLOTTE
Address: 1907 SHANNONWOOD COURT
City-St-Zip: BRANDON, FL 33510

Title: D
Name: BACH, BABETTE
Address: 1701 HAWTHORNE STREET
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL G. ANDERSON

VP

01/07/2010

Electronic Signature of Signing Officer or Director

Date