N01438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ALZHEIMER'S® ASSOCIATION

Someone to Stand by You

Florida Gulf Coast Chapter

HELPLINE
1-800-772-8672

Administrative Office
9365 U.S. Hwy. 19 N.
Suite B.
Pinellas Park, Fl 33782
Ofc. 727-578-2558
Fax 727-578-2286

LOCAL OFFICES

Charlotte
(Port Charlotte)
Ofc. 941-235-7470
Fax 941-235-7473

Hernando
(Brooksville)
Ofc. 352-754-6000
Fax 352-544-1133

Highlands
(Sebring)
Ofc. 863-385-3444
Fax 863-385-0305

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(Tampa)
Ofc. 813-933-7871
Fax 727-578-2286

Hillsborough S.
(Sun City Center)
Ofc. 813-633-8715
Fax 813-633-8618

Manatee
(Bradenton)
Ofc. 941-795-1900
Fax 941-758-9868

Pinellas
(Pinellas Park)
Ofc. 727-578-2558
Fax 727-578-2286

Polk
(Winter Haven)
Ofc. 863-292-9210
Fax 863-292-9603

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(Sarasota)
Ofc. 941-365-8883
Fax 941-365-8885

Sarasota S.
(Venice)
Ofc. 941-492-4332
Fax 941-492-4382

Memory Mobile
(Rural Areas)
Ofc. 888-409-5727
Fax 863-385-0305

July 31,2003

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Alzheimer's Disease and Related Disorder's Association, Inc-Florida Gulf Coast Chapter

Document number: N01438

The enclosed Statement of Change of Registered Office/Agent and fee of $35.00 are submitted for filing. For further information concerning this matter please call Paul Anderson at 727-578-2558.

Sincerely,

Paul G. Anderson
Finance Director

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of ~~Florida~~ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Alzheimer's Disease and Related Disorders Association, Inc.-Florida Gulf Coast Chapter
2. The principal office address:

   9365 U.S. Hwy. 19 N., Ste. B, Pinellas Park, FL 33782

3. The mailing address (if different):

4. Date of incorporation/qualification: 2/14/84 Document number: N01438

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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   Kirk M. Gibbons

   3321 Henderson Boulevard

   Tampa, Florida 33609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   Gloria J. T. Smith

   9365 U.S. Hwy. 19 N, Suite B
   (P.O. Box or personal mailbox NOT acceptable)

   Pinellas Park, FL 33782

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X _____ William F. Kelly, President
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

_____ X 7-30-03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Gloria J. T. Smith _____ CEO
(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314