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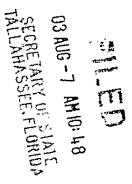
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Someone to Stand by You

## 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) Otc. 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

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

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

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

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

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Sarasota S. (Venice)

Ofc. 941-492-4332 Fax 941-492-4382 Memory Mobile

Fax 863-385-0305

(Rural Areas) Ofc. 888-409-5727 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

Serving 155,000 families with Dementia in 17 Counties from 11 Offices

Please Remember the Florida Gulf Coast Chapter in Your Estate Planning

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

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of c	change is submitted for a corporation organized under the laws of the State of
_Florida of Florida.	in order to change its registered office or registered agent, or both, in the State
1. The name of th	e corporation: Alzheimer's Disease and Related Disorders
Associati 2 The principal o	on, IncFlorida Gulf Coast Chapter ffice address:
9365 U.S.	Hwy. 19 N., Ste. B, Pinellas Park, FL 33782
3. The mailing ad	dress (if different):
4. Date of incorpo	oration/qualification: 2/14/84 Document number: N0143 U. Street address of the current registered agent and registered office on file with the
5. The name and s Florida Departr	street address of the current registered agent and registered office on file with the ment of State:
<u></u>	Kirk M. Gibbons
	3321 Henderson Boulevard
_	Tampa, Florida 33609
6. The name and changed):	street address of the new registered agent (if changed) and /or registered office (if
<del></del>	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 agent, as changed	of its registered office and the street address of the business office of its registered will be identical.
Such change was authorized by the	anthorized by resolution duly adopted by its board of directors or by an officer so loans, or the corporation has been notified in writing of the change.
(Signature of an officer, ci	William F. Kelly, President (Frinted or typed name and title)
registered agent.	William F. Kelly. President (Frinted or typed name and utile)  The appointment as registered agent and agree to act in this capacity.  Comply with the provisions of all statutes relative to the proper and complete  y duties, and I am familiar with and accept the obligation of my position as  Or, if this document is being filed merely to reflect a change in the registered  wereby confirm that the corporation has been notified in writing of this change.
(6-0)	× 7-30-03 ature of Registered Agent) (Date)
If signing on behalf o	_ ·
GIORIA - I	· Smith CEO od or Printed Name) (Capacity)
	· · · · · · · · · · · · · · · · · · ·

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