

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N05156** (7)
1. Corporation Name
**ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC.
INC., NORTHEASTERN FLORIDA CHAPTER**



Principal Place of Business 2131 MANGO PLACE JACKSONVILLE FL 32207	Mailing Address 2131 MANGO PLACE JACKSONVILLE FL 32207
--	--

3. Date Incorporated or Qualified
09/14/1984

4. FEI Number 59-2450845	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLAVICH, JAMIE	
STREET ADDRESS	9864 HOOD ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GREY, BARRY	
STREET ADDRESS	10113 WHIPPOORWILL LANE #1601	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MACKENZIE, CATHY L	
STREET ADDRESS	4051 CORRIENTES CT. S.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, T.V.	
STREET ADDRESS	3765 CORONADO ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	Riel, Gardner
3.4 CITY - ST - ZIP	3536 University Blvd, N. #176 Jacksonville, FL. 32227
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	Christian, Preston
4.4 CITY - ST - ZIP	5521 Cabot Drive., N. Jacksonville, FL. 32244
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Jamie Glavich* **JAMIE GLAVICH 4-28-98 (904) 292-9600**

CR2E037 (10/97)