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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90024 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05156

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/14/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2450845
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAVICH, JAMIE	1.2 NAME	
STREET ADDRESS	9664 HOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREY, BARRY	2.2 NAME	
STREET ADDRESS	10113 WHIPPOORWILL LANE #1601	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEL, GARDNER	3.2 NAME	Mary Gollnick
STREET ADDRESS	3536 UNIVERSITY BLVD N #176	3.3 STREET ADDRESS	7621 Holiday Rd., S.
CITY-ST-ZIP	JACKSONVILLE FL 32277	3.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, PRESTON	4.2 NAME	
STREET ADDRESS	5521 CABOT DR N	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE *Jamie Glavich* DATE 4-12-99 DAYTIME PHONE 904 3985193
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)