DOCUMENT # N05156  1. Entity Name  ALZHEIMER'S DISEASE AND RELATEDDISORDERS ASSOC.							FILED May 08 2000 8:00 am			
						May 08, 2000 8:00 am Secretary of State				
Principal Plac	e of Busines	s	Mailing Address				05-08-2000 901	180 045 ****61	.25	
2131 MANGO I JACKSONVILLE			2131 MANGO PLACE JACKSONVILLE FL 32207-3325							
						1 20031141	IZI KOSON OSIBI ISOON ASINO BINS N	AIDIZ BIBAL BAFAL BIBIZ BAF	II BIALI IABI	
Principal Place of Business     Amailing Address										
2123 M Suite, Apt.	ango Pl #, etc.	ace	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat		FL	City & State Jacksonville, FL			4. FEI Numbe	4. FEI Number 59-2450845 Applied Not Applied			
Zip 32207	Country Duva1		Zip 32207	Country Duval		5. Certificate	of Status Desired	□ \$8.75 Add Fee Required		
32207	6. Name and Address of Current Re					7. Name and	Address of New Regis	tered Agent		
				-	Name .					
UNITED S	TATES CO	RPORATION COMPANY	,		Street Address (P.O. Box Number is Not Acceptable)					
1201 HAY				-			· <u>-</u>			
SUITE 105 TALLAHASSEE FL 32301					City			FL Zip Code	e	
			or the purpose of changing it	s registered	office or r	registered agent, or both	n, in the state of Florida.	· ·		
•• ••• •••		y cooming time statement	- <del>-   -   -   -   -   -   -   -   -   -</del>		NG.	agam, ar aan	,	1 1.	ĺ	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registered A	gent signature	a required when reinstating)		DATE	{	
			<del>  0</del>			-				
FILE NOW: 9. Election Campaign Fi FEE IS \$61.25 Trust Fund Contribution						\$5.00 May Be Added to Fees		neck Payable to ment of State		
10.		OFFICERS AND DI	 RECTORS	11.		ADDITIONS/CHA	ANGES TO OFFICERS A	ND DIRECTORS IN	10	
TITLE	PD St Delete		TITLE		PD		₩. Change	☐ Addition		
NAME STREET ADDRESS	GLAVICH,			NAME	ADDRESS	Grey, Barry	ey, Barry 13 Whippoorwill Lane, #1601		}	
CITY-ST-ZIP	9664 HOO JACKSON			CITY-ST		Jacksonville		#1001		
TITLE	VPD Delete			TITLE		VPD		<u>⊠</u> Change	☐ Addition	
NAME -	GREY, BA		NAME		Mary Gollnic	k '		ĺ		
STREET ADDRESS CITY-ST-ZIP	TOTIO WILL COMMEE ELLE FIGO.			CITY-ST	ADDRESS 7-ZIP	7621 Holiday Rd., S. Jacksonville, FL 32216			ļ	
TITLE .	JACKSONVILLE FL					SD	- + =====	☐ Change	Addition	
NAME	GOLLNICK, MARY				1	Francine Par				
STREET ADDRESS CITY-ST-ZIP	7621 HOLIDAY RD., S.				ADDRESS 1 - ZIP	4500 San Pab Jacksonville				
TITLE	JACKSONVILLE FL 32216  TD   ☑ Delete				-	TD	, FI <u>J2</u> 244	☐ Change	Addition	
NAME	CHRISTIAN, PRESTON			TITLE NAME	i	Susan Meiner				
STREET ADDRESS CITY-ST-ZIP	5521 CABOT DR N			STREET :	ADDRESS	2746 Riverwo				
TITLE	JACKSON	<u>VILLE FL 32244</u>	☐ Delete	TITLE	1-217	Jacksonville	, FL 32 <u>207</u>	Change	☐ Addition	
NAME			Delete	NAME						
STREET ADDRESS CITY-ST-ZIP			•	STREET :	ADDRESS r-zip					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME				NAME			•			
STREET ADDRESS CITY-ST-ZIP	\ 			STREET (	Address   [-zip					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lipid empowered.										
SIGNATURE: 4/24/00 904-398-2892										
		· SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	R OR DIRECTOR	1		Date -	Daytime Phone #		