2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2002 8:00 am Secretary of State **DOCUMENT # N05156** 1. Entity Name ALZHEIMER'S DISEASE AND RELATEDDISORDERS ASSOC. 04-30-2002 90115 044 ****61.25 INC., NORTHEASTERN FLORIDA CHAPTER Principal Place of Business Mailing Address 2123 MANGO PLACE 2123 MANGO PLACE 947457 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2450845 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required - - -- 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 Zip Code TALLAHASSEE FL 32301 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 1 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) Change ☐ Addition TITLE TITLE Delete MCALPIN, BERNADETTE NAME NAME 331 DEVONSHIRE LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORANGE PARK FL 32073 CITY-ST-ZIP ۷Ď ☐ Addition VD XI Delete TITLE X Change Chris Reuschle PARFITT, FRANCINE NAME NAME 4718 Mountain Breeze Court, N. 4500 SAN PABLO ROAD STREET ADDRESS STREET ADDRESS Jacksonville, FL 32224 CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl 32244 TITLE ☐ Delete TITLE Change Addition DISTEFANO, GARY JR NAME NAME STREET ADDRESS 1610 LINKSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP south atlantic beach fl 32233

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 th an address, with all other like empowered

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

Parfitt, Francine

MEINERS, SUSAN

GLAVICH, JAMIE

9664 HOOD ROAD

4500 SAN PABLO RD

2746 RIVERWOOD LN

JACKSONVILLE FL 32207

Jacksonville FL 32257

Jacksonville FL 32244

XX Delete

☐ Delete

Delete

Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC TO THE TOP TO STATE AND STAT

Remaining Directors:

D Nancy Alexander 85 DeBarry Ave., Unit 2034 Orange Park, FL 32073

D Herbert Brackenridge 2016 Tanners Green Way Jacksonville, FL 32246

D Sue Leger-Krall 132 Florida Ave. Macclenny, FL 32063

D Eathy Mackenzie 4051 Corrientes Court, S. Jacksonville, FL 32217

D Mark Moore 1738 Laura Ann Lane Orange Park, FL 32073

D Keith Reed 11801 San Jose Blvd. Jacksonville, FL 32223

D Elizabeth Kirce 5061 Knightsbridgee Circle, N. Orange Park, FL 32073

D
Brenda Schneble
7900-28C Baymeadows Circle, E.
Jacksonivlle, FL 32256

D Barry Grey 10113 Whippoorwill Lane, #1601 Jacksonville, FL 32256

ED
Diantha Grant
3945 Octave Dr.
Jacksonville, FL 32277