

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08525

FILED
May 05, 2006
Secretary of State

Entity Name: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, CENTRAL AND NORTH
FLORIDA CHAPTER, INC.

Current Principal Place of Business:

988 WOODCOCK RD.
SUITE 200
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

988 WOODCOCK RD.
SUITE 200
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 36-3487166 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, DOUGLAS
988 WOODCOCK RD.
SUITE 200
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

PRONOVOST, BRUCE
988 WOODCOCK RD.
SUITE 200
ORLANDO, FL 32803 US

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: BRUCE A. PRONOVOST

05/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ADPC () Delete
Name: BRYAN, RANDY C
Address: 251 PLAZA DRIVE, SUITE B
City-St-Zip: OVIEDO, FL 32765

Title: C () Delete
Name: HESS, GREG
Address: 3760 BRANTON DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: HEINE, DAVID
Address: 570 IVANHOE PLAZA
City-St-Zip: ORLANDO, FL 32804

Title: S () Delete
Name: CABBAGE, LORI
Address: 635 WICKHAM RD
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: GALLOWAY, LIBBA
Address: 100 INTERNATIONAL GOLF DR
City-St-Zip: DAYTONA BEACH, FL 32124

Title: VC () Delete
Name: GLAVICH, JAMIE
Address: 9664 HOOD RD
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HESS, GREG
Address: 3760 BRANTON DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: CABBAGE, LORI
Address: 635 WICKHAM RD
City-St-Zip: MELBOURNE, FL 32904

Title: CEO (X) Change () Addition
Name: PRONOVOST, BRUCE
Address: 988 WOODCOCK ROAD, SUITE 200
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Change () Addition
Name: GLAVICH, JAMIE
Address: 9664 HOOD RD
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE A. PRONOVOST

CEO

05/05/2006

Electronic Signature of Signing Officer or Director

Date