

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90051 044 ****70.00

DOCUMENT # N08525

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



Principal Place of Business
**988 WOODCOCK RD.
SUITE 200
ORLANDO, FL 32803**

Mailing Address
**988 WOODCOCK RD.
SUITE 200
ORLANDO, FL 32803**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252008 Chg-NP CR2E037 (12/06)

4. FEI Number
36-3487166

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WATSON, HAROLD
988 WOODCOCK RD.
SUITE 200
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name **Latitia Sheesley**
Street Address (P.O. Box Number is Not Acceptable)
988 Woodcock Rd #200
City **Orlando** FL Zip Code **32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Latitia A. Sheesley
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYAN, RANDY C 251 PLAZA DRIVE, SUITE B OVIEDO, FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, GREG 3760 BRANTON DRIVE OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEGER-KRALL, SUSAN 475 S. 4TH ST MACCLENNY, FL 32063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CABBAGE, LORI 635 WICKHAM RD MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, STU 80 SURFVIEW DR #501 PALM COAST, FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GLAVICH, JAMIE 9664 HOOD RD JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wenda Lewis 988 Woodcock Rd. #200 Orlando FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Morgan 10110 San Jose Blvd Jacksonville FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kenyatta Rivers 988 Woodcock Rd #200 Orlando FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Gaines, Stu 80 Surfview Dr. #501 Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glavich, Jamie 9664 Hood Rd. Jacksonville FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08
Date

Daytime Phone #