2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N08525 1. Entity Name ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, CENTRAL AND NORTH FLORIDA CHAPTER, INC.								3-24-2008 90	•		
Principal Place of Business											
			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Chg-NP	CR2E03	7 (12/06)		
City & State		City & State Zip Country				4. FEI Number 36-34871	66		No	plied For t Applicable	
Zip	Zip Country							te of Status Desired X \$8.75 Additional Fee Required			
-	6. Name	and Address of Current I	Registered Agent		Name	-	7. Name and Ac			gent =	
WATSON, HAROLD-						Lat	<u> </u>	5hec s	ley		
988 WOODCOCK RD.					Street A	ddress (F	P.O. Box Number is	s Not Acceptable	9) "		
SUITE 200 ORLANDO, FL 32803					988	h	artene	k Rd	#200	·	
				City	City C Zip Code					3803	
	tions of registe	y submits this statement for ered agent.	Keesl	ef-	gistered office of			in the State of Flo	orida. I am f	amiliar with,	and accept
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	_	e is \$61.25 lay 1, 2008	9. Elec	/	ign Financing		\$5.00 May Be Added to Fees			payable to ment of St	
10.	Due by M		9. Elec Trus	tion Campa t Fund Con	aign Financing tribution.		\$5.00 May Be	Flor	ida Depart	ment of St	ate 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYAN, R	OFFICERS AND DIF	9. Elec Trus	tion Campa t Fund Con	aign Financing tribution.	D Weno	\$5.00 May Be Added to Fees DDITIONS/CHAN da Lewis Wood cock	GES TO OFFICE	ida Depart	ment of St	ate
TITLE NAME STREET ADDRESS	T BRYAN, R 251 PLAZ OVIEDO, I	OFFICERS AND DIF UANDY C A DRIVE, SUITE B FL 32765	9. Elec Trus	tion Campa it Fund Con	aign Financing tribution. 11. TITLE NAME STREET ADDRESS	D Wend 988 Orla	\$5.00 May Be Added to Fees DDITIONS/CHAN da Lewis Wood cuck and o FL	Flor GES TO OFFICE Rd. 4 201 32803	ida Depart	ment of St	ate 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T BRYAN, R 251 PLAZ OVIEDO, I D HESS, GR 3760 BRA OVIEDO, I	OFFICERS AND DIF	9. Elec Trus	tion Campa	aign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Wiener 988 Orla Bobe	\$5.00 May Be Added to Fees DDITIONS/CHAN La Lewis Wood cuck and o FL The Morgo	Flor GES TO OFFICE Rd. 4 201 32803 an se Blvd	ida Depart	ECTORS IN	10 Addition
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2. Thereby certify that the information supplied with this filling 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08 Dete

Daytime Phone ≢