

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08525

FILED  
Apr 24, 2009  
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)**

**Name and Address of Current Registered Agent:**

SHEESLEY, LATITIA  
988 WOODCOCK RD #200  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

BRYAN, RANDY C ESQ.  
254 PLAZA DRIVE  
SUITE B  
OVIEDO, FL 32765 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: RANDY C. BRYAN

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D ( ) Delete  
Name: MORGAN, ROBERT  
Address: 10110 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S ( ) Delete  
Name: LEGER-KRALL, SUSAN  
Address: 475 S. 4TH ST  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: LEWISS, WENDA  
Address: 988 WOOD COCK RD. #200  
City-St-Zip: ORLANDO, FL 32803

Title: C ( ) Delete  
Name: GAINES, STU  
Address: 80 SURFVIEW DR. #501  
City-St-Zip: PALM COAST, FL 32137

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BRYAN, RANDY C  
Address: 254 PLAZA DRIVE, SUITE B  
City-St-Zip: OVIEDO, FL 32765

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

Title: T (X) Change ( ) Addition  
Name: GHEZZI, PAMELA S  
Address: 1155 LOUISIANA AVE., STE 204  
City-St-Zip: WINTER PARK, FL 32790

Title: D (X) Change ( ) Addition  
Name: LEWIS, WENDA  
Address: 988 WOOD COCK RD. #200  
City-St-Zip: ORLANDO, FL 32803

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

Title: S (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 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: PAMELA S. GHEZZI

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date