

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08525

FILED  
Apr 27, 2010  
Secretary of State

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

**Current Principal Place of Business:**

378 CENTERPOINTE CIRCLE  
SUITE 1280  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

378 CENTERPOINTE CIRCLE  
SUITE 1280  
ALTAMONTE SPRINGS, FL 32701

**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:**

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

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

BRYAN, RANDY C ESQ.  
254 PLAZA DRIVE  
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, ESQ.

04/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BRYAN, RANDY C  
Address: 254 PLAZA DRIVE  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: MORGAN, ROBERT  
Address: 12428 SAN JOSE BLVD., SUITE #1  
City-St-Zip: JACKSONVILLE, FL 32223

Title: T  
Name: GHEZZI, PAMELA S  
Address: 4767 NEW BROAD STREET  
City-St-Zip: ORLANDO, FL 32814

Title: D  
Name: LEWIS, WENDA  
Address: 621 DEPOT SE AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

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

Title: S  
Name: GLAVICH, JAMIE  
Address: 9664 HOOD RD.  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: PAMELA S. GHEZZI

T

04/27/2010

Electronic Signature of Signing Officer or Director

Date