

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08525

FILED
Mar 15, 2011
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

03/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: MORGAN, ROBERT ESQ.
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: STU GAINES

C

03/15/2011

Electronic Signature of Signing Officer or Director

Date