

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08525

FILED  
Mar 21, 2012  
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, STE. B  
OVIEDO, FL 32765 US

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

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: \_\_\_\_\_

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: 475 MONTGOMERY PLACE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: C  
Name: GAINES, STUART  
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: STUART GAINES

C

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date