

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90230 020 ****70.00

DOCUMENT # N08525

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, CENTRAL AND NORTH FLORIDA CHAPTER, INC.



Principal Place of Business

**76 W. LUCERNE CIRCLE
ORLANDO FL 32801**

Mailing Address

**76 W. LUCERNE CIRCLE
ORLANDO FL 32801**

2. Principal Place of Business

988 Woodcock Rd

3. Mailing Address

988 Woodcock Rd

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803 - 3715

Country

Orange

Zip

32803 - 3715

Country

orange

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-3487166**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLY, ANNETTE
76 W. LUCERNE CIRCLE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

988 Woodcock Rd, Suite 200

City

Orlando

FL

Zip Code

32803 - 3715

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Annelle Kelly

5/8/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRYAN, RANDY C	
STREET ADDRESS	251 PLAZA DRIVE, SUITE B	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	V	<input type="checkbox"/> Delete
NAME	HESS, GREG	
STREET ADDRESS	3760 BRANTON DRIVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEINE, DAVID	
STREET ADDRESS	570 IVANHOE PLAZA	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, GLORIA	
STREET ADDRESS	4705 SWANSNECK PL.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWNLEE, DIANE	
STREET ADDRESS	909 WALD RD.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONE, KATIE	
STREET ADDRESS	141 E. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINE, DAVID
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE SEPARATE SHEET
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Annelle Kelly

5/8/03

407-228-4299

CR2E037 (10/02)

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ALZHEIMER'S DISEASE AND RELATED DISORDERS
ASSOCIATION, CENTRAL AND NORTH FLORIDA
CHAPTER, INC.

ADDITIONS TO OFFICERS AND DIRECTORS IN LINE 10

Secretary

Lori Cabbage
7120 Turkey Point
Titusville, FL 32780

Director

Michele McArdle, MA, LMHC
3468 Woodley Park Place
Oviedo, FL 32765

Director

Cindy Flowers, MS, CTRS
6609 NW 52nd Terrace
Gainesville, FL 32653

Director

Jamie Glavich
9664 Hood Rd.
Jacksonville, FL 32257

Director

Barry Grey
8379 Compass Rose Drive South
Jacksonville, FL 32216

Director

Helen Gyllstrom, C.P.A.
8602 SW 5th Place
Gainesville, FL 32607

Director

Susan E. Kelley
1566 Anna Catherine Dr.
Orlando, FL 32828

Director

Craig Lynch
1003 Shore Drive
Kissimmee, FL 34744

Director

Bernadette McAlpin
331 Devonshire Lane
Orange Park, FL 32073

Director

Lee Watson
3207 Greens Avenue
Orlando, FL 32804

Attachment
N08525
10103931