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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:14

DOCUMENT # **N09396** **(5)**

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCI ATION, GREATER MIAMI AREA CHAPTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1133 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	1133 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified: 05/21/1985
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2483380 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 11900 Biscayne Blvd.	26 11900 Biscayne Blvd.
Suite, Apt. #, etc. 22 # 440	Suite, Apt. #, etc. 27 Suite # 440
City & State 23 MIAMI, FL	City & State 28 MIAMI , FL
Zip 24 33181-2726 County 25 USA	Zip 29 33181-2726 County 30 USA

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUGEL, RITA N 5200 NE 2 AVE MIAMI FL 33137	81 Name: MAYRA POLDO 82 Street Address (P.O. Box Number is Not Acceptable): 320 W 19 ST. 83 84 City: HIALEAH FL 85 Zip Code: 33010

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	GUGEL, RITA N	12 NAME	POLDO, MAYRA	
STREET ADDRESS	5200 NE 2ND AVE	13 STREET ADDRESS	320 W 19 ST.,	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	VD	21 TITLE	VPD Ex.	☒ Change ☐ Addition
NAME	MADRUGA, MAYRA	22 NAME	COREY, JUDY	
STREET ADDRESS	320 W 19 STR	23 STREET ADDRESS	1010 SW 14 Terrace	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	TD	31 TITLE	VP	☒ Change ☐ Addition
NAME	BLOOM, KENNETH	32 NAME	BARTELSTONE, RONA	
STREET ADDRESS	444 BRICKELL AVE.	33 STREET ADDRESS	2699 Stirling RD.,#C-304	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	FT. Lauderdale , FL 33312	
TITLE	SD	41 TITLE	TD	☐ Change ☐ Addition
NAME	COREY, JUDY	42 NAME	JACOBS, STUART	X
STREET ADDRESS	600 SW 12 STR	43 STREET ADDRESS	12844 SW 102 CT. MIAMI,FL 33176	
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	SD	☐ Change ☒ Addition
NAME		52 NAME	GALBUT, LIBBY	
STREET ADDRESS		53 STREET ADDRESS	Neurocare,11200Biscayne Blvd.#703	
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, Fl 33181	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000355