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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 FEB 20 AM 11:25

DOCUMENT # N09595 (2)

1. Corporation Name
ALZHEIMER'S ASSOCIATION GREATER PALM BEACH AREA CHAPTER, INC.

Principal Place of Business	Mailing Address
6401 CONGRESS AVENUE SUITE 265 BOCA RATON FL 33487	6401 CONGRESS AVENUE SUITE 265 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1985
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2503887 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BARNES, MARY M.
5325 CEDAR LAKE ROAD #10-18
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 501 Monterey Square
83
84 City: FL 85 Zip Code: 33436

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ZINK, CHARLES (MR.)	1.2 NAME	BAHEN, JACK (MR.)	
STREET ADDRESS	7800 CLOVER FIELD CIRCLE	1.3 STREET ADDRESS	9020 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	2.1 TITLE	D	☐ Change XX Addition
NAME	CLARK, SAM (DR.)	2.2 NAME	TAMMANY, JOSEPH (MR.)	
STREET ADDRESS	28 BURNING TREE LANE	2.3 STREET ADDRESS	899 SE 2ND AVENUE, APT. 21	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	D	3.1 TITLE		XX Change ☐ Addition
NAME	FISHER, LARRY M	3.2 NAME	EISNER, LARRY M. (M.D.)	
STREET ADDRESS	1135 KANE CONCOURSE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☐ Change XX Addition
NAME	DOHERTY, FATHER EDWARD C	4.2 NAME	LAMM, ROBERT (MR.)	
STREET ADDRESS	500 OCEAN WAY VILLA (1)	4.3 STREET ADDRESS	2588 NW 64TH BLVD.	
CITY-ST-ZIP	DEERFIELD FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	5.1 TITLE	S/T	☐ Change XX Addition
NAME	THOMPSON, NANCY	5.2 NAME	JABLIN, CHARLOTTE (MRS.)	
STREET ADDRESS	924 SUN ACRES LANE	5.3 STREET ADDRESS	901 EAST CAMINO REAL #3-C	
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33432-6343	
TITLE	P	6.1 TITLE	VP	☐ Change XX Addition
NAME	SIOBHAN, DR. KELLY	6.2 NAME	STOLLE, CARL (MR.)	
STREET ADDRESS	23337 - A S.W. 61ST AVE.	6.3 STREET ADDRESS	701 EAST CAMINO REAL #9E	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	BOCA RATON, FL 33432	

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)(i), 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] MARY M. BARNES 2-6-95 407-998-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015848