

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Feb 19 1996 8:00 am  
Secretary of State

DOCUMENT # **N09595** (2)

1. Corporation Name

**ALZHEIMER'S ASSOCIATION GREATER PALM BEACH AREA  
CHAPTER, INC.**

Principal Place of Business

**6401 CONGRESS AVENUE  
SUITE 265  
BOCA RATON FL 33487**

Mailing Address

**6401 CONGRESS AVENUE  
SUITE 265  
BOCA RATON FL 33487**

3. Date Incorporated or Qualified  
**06/04/1985**

3a. Date of Last Report  
**02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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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**

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

**BARNES, MARY M.  
501 MONTEREY SQUARE  
BOYNTON BEACH FL 33436**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BAHEN, JACK**  
STREET ADDRESS **9020 VILLA PORTOFINO CIR**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE  
NAME **TAMMANY, JOSEPH**  
STREET ADDRESS **899 SE 2ND AVE #21**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **D** ☐ DELETE  
NAME **EISNER, LARRY M.**  
STREET ADDRESS **1135 KANE CONCOURSE**  
CITY-ST-ZIP **BAY HARBOR ISLANDS FL**

TITLE **D** ☐ DELETE  
NAME **DOHERTY, FATHER EDWARD C**  
STREET ADDRESS **500 OCEAN WAY VILLA (1)**  
CITY-ST-ZIP **DEERFIELD FL**

TITLE **D** ☐ DELETE  
NAME **THOMPSON, NANCY**  
STREET ADDRESS **924 SUN ACRES LANE**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **P** ☐ DELETE  
NAME **SIOBHAN, DR. KELLY**  
STREET ADDRESS **23337 - A S.W. 61ST AVE.**  
CITY-ST-ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Zink, Charles**  
1.3 STREET ADDRESS **7800 Clover Field Circle**  
1.4 CITY-ST-ZIP **Boca Raton, FL**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Cohen, Carolyn**  
2.3 STREET ADDRESS **901 East Camino Real #9-C**  
2.4 CITY-ST-ZIP **Boca Raton, FL**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Clark, Sam**  
3.3 STREET ADDRESS **28 Burning Tree Lane**  
3.4 CITY-ST-ZIP **Boca Raton, FL**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Jablin, Charlotte**  
4.3 STREET ADDRESS **901 East Camino Real #3-c**  
4.4 CITY-ST-ZIP **Boca Raton, FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Lamm, Robert**  
5.3 STREET ADDRESS **2588 NW 64th Blvd.**  
5.4 CITY-ST-ZIP **Boca Raton, FL**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Reyes, Hortensia**  
6.3 STREET ADDRESS **2443 Florida St.**  
6.4 CITY-ST-ZIP **West Palm Beach, FL**

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

**Mary M. Barnes** 1/25/96 407-998-1988

Date

Daytime Phone #

CS 2-19-96

CR2E037 (12/95)