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**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90083 019 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N09595**

1. Corporation Name

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

Principal Place of Business

1325 S CONGRESS AVE  
STE 203  
BOYNTON BCH FL 33426  
US

Mailing Address

1325 S CONGRESS AVE  
STE 203  
BOYNTON BCH FL 33426  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/04/1985

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

9. Name and Address of Current Registered Agent

**PAFFORD, MARK  
14693 64TH COURT N  
LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

81 Name **Mark Pafford**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4839 Sea Oats Circle, #205**

83

84 City **West Palm Beach**

**FL**

85 Zip Code  
**33417**

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, on 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 Mark S. Pafford, Executive Director 2/1/99

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **ZINK, CHARLES**  
STREET ADDRESS **7800 CLOVER FIELD CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **P** ☒ DELETE

NAME **THOMPSON, NANCY E**  
STREET ADDRESS **924 SUN ACRES LANE**  
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **D** ☒ DELETE

NAME **CLARK, SAM**  
STREET ADDRESS **28 BURNING TREE LANE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☒ DELETE

NAME **EISNER, LARRY**  
STREET ADDRESS **5458 TOWN CENTER RD, STE 5**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☒ DELETE

NAME **FRANK, JOHN**  
STREET ADDRESS **400 SEA SAGE FR #1104**  
CITY-ST-ZIP **DELRAY BCH FL 33483**

TITLE **D** ☒ DELETE

NAME **SADOWSKY, CARL H**  
STREET ADDRESS **5205 GREENWOOD AVE #200**  
CITY-ST-ZIP **WEST PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Fred M. Kadin**  
1.3 STREET ADDRESS **5425 Tenth Fairway Dr., #3**  
1.4 CITY-ST-ZIP **Delray Beach, FL 33484**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Robert Lamn**  
2.3 STREET ADDRESS **2588 NW 64th Blvd.**  
2.4 CITY-ST-ZIP **Boca Raton, FL 33496**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Barry M. Schultz, M.D.**  
3.3 STREET ADDRESS **16155 VIA Monteverde**  
3.4 CITY-ST-ZIP **Delray Beach, FL 33446**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Lillie Parker**  
4.3 STREET ADDRESS **730 Blvd. Chantelaine East**  
4.4 CITY-ST-ZIP **Delray Beach, FL 33445**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Bertram Unger**  
5.3 STREET ADDRESS **7788 Mansfield Hollow Rd.**  
5.4 CITY-ST-ZIP **Delray Beach, FL 33446**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **Linda Gilchrist**  
6.3 STREET ADDRESS **7450 NW 29th St.**  
6.4 CITY-ST-ZIP **Margate, FL 33063**

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Mark S. Pafford 2/1/99 (561) 740-1180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

240342-2003-19  
N09595

Alzheimer's Association Greater Palm Beach Area Chapter, Inc.  
FEI Number: 59-2503887

13. Additions to Officers and Directors

7.1 TITLE	D
7.2 NAME	John Robarts
7.3 STREET ADDRESS	215-E Foxtail Drive
7.4 CITY-ST-ZIP	West Palm Beach, FL 33415

8.1 TITLE	D
8.2 NAME	Kate A. Lindsay
8.3 STREET ADDRESS	206 Citrus Trail
8.4 CITY-ST-ZIP	Boynton Beach, FL 33436