


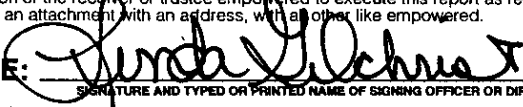


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90415 002 \*\*\*\*61.25

<b>DOCUMENT # N09595</b> 1. Entity Name <b>ALZHEIMER'S ASSOCIATION GREATER PALM BEACH AREA CHAPTER, INC.</b>					
Principal Place of Business <b>850 N. CONGRESS AVE. DELRAY BEACH, FL 33445 US</b>			Mailing Address <b>700 S. DIXIE HWY SUITE 107 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  04282004 Chg-NP CR2E037 (10/03)  4. FEI Number <b>59-2503887</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>DIPIETRO, CHERI 700 S. DIXIE HWY SUITE 107 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>Grace Grant - Brown</b> Street Address (P.O. Box Number is Not Acceptable) <b>700 S Dixie Hwy.</b> <b>Suite 107</b> City <b>West Palm Beach FL</b> Zip Code <b>33401</b>			
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 <u></u> <span style="float: right;">4/23/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, MARK 1910 NE 59TH PLACE FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOCHRIE, ROBERT 2330 DESOTA DR FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANT, SUAN 960 E. TROPICAL WAY PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILDER, GREGORY CPA 1110 PONCE DE LEON DR FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILCHRIST, LINDA 7450 NW 29TH ST MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilchrist, Linda 7450 NW, 29th St. Margate, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Patrick Moran 2531 Sea Island, Drive Ft. Lauderdale FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/04 <small>Date</small>		

*Al. W. Churnet*

*541047327*

2004 Not-For-Profit Corporation  
Annual Report

Document # N09595

Entity Name: Alzheimer's Association Greater Palm Beach Area Chapter, Inc.

Additional Officers and Directors:

Title: VD

Name: Samuel Ferreri

Street Address: 6541 Spring Meadow

City-State-Zip: Greenacres, FL 33413

Title: VD

Name: Dr. Ruth Tappen

Street Address: 6261 SW 16<sup>th</sup> St.

City-State-Zip: Plantation, FL 33317

Title: D

Name: Joseph Karp, Esq.

Street Address: 553 Greenway Drive

City-State-Zip: North Palm Beach, FL 33408

Title: D

Name: Valerie Moran

Street Address: 2531 Sea Island Drive

City-State-Zip: Ft. Lauderdale, FL 33301

Title: D

Name: Kathy Kalck, LPN

Street Address: 310 NW Treeline Trace

City-State-Zip: Port St. Lucie, FL 34986

Title: D

Name: Philip D. Mrozinski

Street Address: 9260 SW 14<sup>th</sup> St. #2507

City-State-Zip: Boca Raton, FL 3342