

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13867

FILED
Feb 06, 2006
Secretary of State

Entity Name: THE ALZHEIMER/PARKINSON ASSOCIATION OF IRC, INC.

Current Principal Place of Business:

2501-27TH AVE
A-8
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

PO BOX 1913
VERO BEACH, FL 329611913 US

New Mailing Address:

2501 27TH AVE
A-8
VERO BEACH, FL 32960

FEI Number: 59-2437723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHORNER, JAMES A
1702 CLUB DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEARS, ANDREA
Address: PO BOX 6005
City-St-Zip: VERO BEACH, FL 32967

Title: TD () Delete
Name: SCHORNER, JAMES
Address: 910 ISLAND CLUB SQ
City-St-Zip: VERO BEACH, FL 32963

Title: VD () Delete
Name: WARDWELL, WAYNE
Address: 1183 GOVERNORS WAY
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: ST LOUIS, JEAN
Address: 236-20TH AVE
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JEAN, ST. LOUIS
Address: 236 20TH AVE
City-St-Zip: VERO BEACH, FL 32962

Title: TD (X) Change () Addition
Name: SCHORNER, JAMES
Address: 150 S CAMELIA CT
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RICHARD, BLAKE
Address: 3835 MOCKINGBIRD DR.
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A SCHORNER

TRES

02/06/2006

Electronic Signature of Signing Officer or Director

Date