FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 -6 PM 12:17

DOCUMENT # N27386 (4)

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION , INC., EAST CENTRAL FLORIDA CHAPTER

Principal Place of Business	Mailing Address
1250 S. HARBOR CITY BLVD. SUITE 27 MELBOURNE FL 32901-3241	1250 S. HARBOR CITY BLVD. SUITE 27 MELBOURNE FL 32901-3241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1988
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2720537 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STECKLER, JOSEPH L
1250 S HARBOR CITY BLVD
STE 27
MELBOURNE FL 32901-3241

10. Name and Address of New Registered Agent

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 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 Joseph L. Steckler, Executive Director 2/1/95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition PD
NAME	RAIMONDI, ROBERT	1.2 NAME	Dixon, William H.
STREET ADDRESS	450 ATLANTIS DRIVE	1.3 STREET ADDRESS	2115 Palm Bay Road, NE
CITY-ST-ZIP	SATELLITE BEACH FL 32937	1.4 CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSSELL, RICHARD	2.2 NAME	
STREET ADDRESS	653 JUBILEE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	MONETT, FRED	3.2 NAME	
STREET ADDRESS	1071 PORT MALABAR BLVD. N.E.	3.3 STREET ADDRESS	1378 Malabar Road, SE #2
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	SD	4.1 TITLE	☒ Change ☐ Addition SD
NAME	NICOLAY, MARY	4.2 NAME	Minton Cooper
STREET ADDRESS	407 CORAL AVE.	4.3 STREET ADDRESS	PO Box 510846, 290 Marlin Place N/A
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	4.4 CITY-ST-ZIP	Melbourne Beach, FL 32951
TITLE	ED	5.1 TITLE	☐ Change ☐ Addition
NAME	STECKLER, JOSEPH L	5.2 NAME	
STREET ADDRESS	154 LANTERBACK ISLAND DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Joseph L. Steckler, Executive Director 2/1/95 407 729-8536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004483