

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

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**



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

24

25

29

30

3. Date Incorporated or Qualified

07/12/1988

3a. Date of Last Report

02/06/1995

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**

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
DIXON, WILLIAM H**
STREET ADDRESS **2115 PALM BAY ROAD NE**
CITY-ST-ZIP **PALM BAY FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD
ROSSELL, RICHARD**
STREET ADDRESS **653 JUBILEE ST.**
CITY-ST-ZIP **MELBOURNE FL 32940**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD
MONETT, FRED**
STREET ADDRESS **1378 MALABAR ROAD SE #2**
CITY-ST-ZIP **PALM BAY FL**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD
COOPER, MINTON**
STREET ADDRESS **P O BOX 510846 - 290 MARLIN PLACE N/A**
CITY-ST-ZIP **MELBOURNE BEACH FL**

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **ED
STECKLER, JOSEPH L**
STREET ADDRESS **154 LANTERBACK ISLAND DR.**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 CITY-ST-ZIP ☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

Joseph L. Steckler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(407) 729-8536

Date

Daytime Phone #

CR2E037 (12/95)