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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32901-32411250 S. HARBOR CITY BLVD.  
SUITE 27  
MELBOURNE FL 32901-32413. Date Incorporated or Qualified  
07/12/19883a. Date of Last Report  
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2720537

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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 PD ☐ DELETE  
NAME DIXON, WILLIAM H  
STREET ADDRESS 2115 PALM BAY ROAD NE  
CITY-ST-ZIP PALM BAY FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME ROSSELL, RICHARD  
STREET ADDRESS 653 JUBILEE ST.  
CITY-ST-ZIP MELBOURNE FL 329402.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME MONETT, FRED  
STREET ADDRESS 1378 MALABAR ROAD SE #2  
CITY-ST-ZIP PALM BAY FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME COOPER, MINTON  
STREET ADDRESS P O BOX 510846 - 290 MARLIN PLACE N/A  
CITY-ST-ZIP MELBOURNE BEACH FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ED ☐ DELETE  
NAME STECKLER, JOSEPH L  
STREET ADDRESS 154 LANTERBACK ISLAND DR.  
CITY-ST-ZIP SATELLITE BEACH FL 329375.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016370

CR2E037 (9/96)