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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

07/12/1988

4. FEI Number

59-2720537

Applied For

Not Applicable

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**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

TITLE **PD** ☐ DELETE

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

TITLE **VD** ☒ DELETE

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

TITLE **TD** ☒ DELETE

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

TITLE **SD** ☐ DELETE

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

TITLE **ED** ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Ronald Dubois
420 Cobblewood Dr.
Rockledge, FL 32955**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 REQUIRED

1/17/98

409-729-8536

CR2E037 (10/97)