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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27386

1. Corporation Name

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

Principal Place of Business

1250 S. HARBOR CITY BLVD.
SUITE 27
MELBOURNE FL 32901-3241

Mailing Address

1250 S. HARBOR CITY BLVD.
SUITE 27
MELBOURNE FL 32901-3241



2. Principal Place of Business

21 4676 N. Wickham Rd.

2a. Mailing Address

26 4676 N. Wickham Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Melbourne FL

27 City & State

28 Melbourne FL

24 Zip

32935

25 Country

USA

29 Zip

32935

30 Country

USA

3. Date Incorporated or Qualified

07/12/1988

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

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

Steckler, Joseph L.

82 Street Address (P.O. Box Number is Not Acceptable)

4676 N. Wickham Road

83

84 City

Melbourne

FL

85 Zip Code

32935

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 DUBOIS, RONALD
STREET ADDRESS 420 COBBLEWOOD DR
CITY-ST-ZIP ROCKLEDGE FL 32955

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)