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

APPROVED AND FILED
95 JAN 25 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30426 (3)

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION-NORTHWEST FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
310 EAST GOVERNMENT STREET SUITE 2 PENSACOLA FL 32501	310 EAST GOVERNMENT STREET SUITE 2 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1989
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2943411 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D ☒ Change ☐ Addition
NAME	LOTZ, WENDELL DR.	1.2 NAME	
STREET ADDRESS	10100 HILLVIEW RD. #1113	1.3 STREET ADDRESS	NELSON, RONALD A PO BOX 13691 N/A
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL. 32591-3691
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	FRIER, BETTY	2.2 NAME	
STREET ADDRESS	3313 KINGSWOOD COURT	2.3 STREET ADDRESS	FRIER, BETTY 3313 KINGSWOOD COURT
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	V	3.1 TITLE	V ☐ Change ☒ Addition
NAME	NELSON, RON	3.2 NAME	
STREET ADDRESS	P.O. BOX 13691 N/A	3.3 STREET ADDRESS	PARKER, STEVE DR 4551 N. DAVIS HWY STE. 1-A
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32503-2770
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	SPRINGER, WILLIAM	4.2 NAME	
STREET ADDRESS	5050 MULDOON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, GLORIA	5.2 NAME	
STREET ADDRESS	1401 LEMBURST ROAD	5.3 STREET ADDRESS	$87 1/30
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	ARNOLD, PAT	6.2 NAME	
STREET ADDRESS	4410 LA MIRAGE	6.3 STREET ADDRESS	LOTZ, WENDELL DR 10100 Hillview Road #1113
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	PENSACOLA, FL 32514

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: W. R. Springer Jan. 19, 1994 904-494-2583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
W. R. Springer

0091199

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION
NORTHWEST FLORIDA CHAPTER
310 EAST GOVERNMENT ST.
PENSACOLA, FL 32501

ADDITIONAL MEMBERS OF THE BOARD OF DIRECTORS JANUARY 1995

D
Ouida Mollitt
503 E. Burgess Rd., E-1
Pensacola, FL 32504

D
Linda Moody
2831 Via Roma Court
Gulf Breeze, FL 32561

D
T. D. Rushing
1419 Wilson Avenue
Pensacola, FL 32506

D
Ed Villar
3318 Kingswood Ct.
Pensacola, FL 32514

D
William Yarbrough
4861 Woodcliff Drive
Pensacola, FL 32504

Block 13 - on form.

Note: Frier, Barry - is 1st Vice President
Parker, Steve - is 2nd Vice President.