

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 # 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

3. Date Incorporated or Qualified
01/31/1989

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2943411

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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

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

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

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 D ☐ DELETE
NAME NELSON, RONALD A
STREET ADDRESS P.O. BOX 13691 N/A
CITY-ST-ZIP PENSACOLA FL 32591-3691

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Nelson, RONALD A.
1.3 STREET ADDRESS P.O. Box 13691 N/A
1.4 CITY-ST-ZIP PENSACOLA, FL 32591-3691

TITLE V ☒ DELETE
NAME FRIER, BETTY
STREET ADDRESS 3313 KINGSWOOD COURT
CITY-ST-ZIP PENSACOLA FL 32514

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME YARBROUGH, WILLIAM
2.3 STREET ADDRESS 4780 ANCHOR LN
2.4 CITY-ST-ZIP PENSACOLA, FL

TITLE V ☒ DELETE
NAME NELSON, RON
STREET ADDRESS P.O. BOX 13691 N/A
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME LOTZ, Wendell DR
3.3 STREET ADDRESS 10100 Hillview RD. #1112
3.4 CITY-ST-ZIP PENSACOLA, FL 32514

TITLE T ☐ DELETE
NAME SPRINGER, WILLIAM
STREET ADDRESS 5050 MULDOON CIRCLE
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME BROWN, GLORIA
STREET ADDRESS 1401 LEMBURST ROAD
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME FINLAW, ANN
5.3 STREET ADDRESS 10100 HILLVIEW RD #3-A
5.4 CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☒ DELETE
NAME LOTZ, WENDELL DR
STREET ADDRESS 10100 HILLVIEW ROAD #1113
CITY-ST-ZIP PENSACOLA FL 32514

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 800001753626
6.3 STREET ADDRESS -03/22/96--01010--003
6.4 CITY-ST-ZIP ***70.00

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 if changed, or on an attachment with an address.

SIGNATURE:

Executive Director
Oliver D. Rogers

Jan. 30, 1996 (904) 435-1558
Daytime Phone 351-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)