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Aug 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

221 E. GARDEN ST. SUITE 8W
PENSACOLA FL 32501-6038

221 E. GARDEN ST. SUITE 8W
PENSACOLA FL 32501-6038

3. Date Incorporated or Qualified
01/31/1989

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 119 Hollywood Blvd.

26 119 Hollywood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 103

27 Suite 103

City & State

City & State

23 Ft. Walton Beach, FL.

28 Ft. Walton Beach, FL

Zip

Country

Zip

Country

24 32548

25 Okaloosa

29 32548

30 Okaloosa

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

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

1.1 TITLE President, D
1.2 NAME Ronald A. Nelson
1.3 STREET ADDRESS 1723 E. Hernandez St.
1.4 CITY-ST-ZIP Pensacola, FL. 32503

TITLE V
NAME YARBROUGH, WILLIAM
STREET ADDRESS 4780 ANCHOR LN
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE Vice-President, D
2.2 NAME T. D. Rushing
2.3 STREET ADDRESS 1419 Wilson Ave.
2.4 CITY-ST-ZIP Pensacola, FL. 32506

TITLE D
NAME LOTZ, WENDELL
STREET ADDRESS 10100 HILLVIEW RD #1112
CITY-ST-ZIP PENSACOLA FL 32514

3.1 TITLE Treasurer
3.2 NAME William R. Springer
3.3 STREET ADDRESS 4440 Bayou Blvd.
3.4 CITY-ST-ZIP Pensacola, FL. 32504

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

4.1 TITLE Secretary, D
4.2 NAME Joan Sikes
4.3 STREET ADDRESS 3072 Highway 90East
4.4 CITY-ST-ZIP Crestview, FL. 32569

TITLE D
NAME FINLAW, ANN
STREET ADDRESS 10100 HILLVIEW RD #3A
CITY-ST-ZIP PENSACOLA FL 32514

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

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