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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45685 (7)

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION-WEST CENTRAL FLORIDA CHAPTER INC.

Principal Place of Business	Mailing Address
CLAUDE PEPPER CENTER 6640 VAN BUREN ST NEW PORT RICHEY FL 34656	P.O. BOX 2070 NEW PORT RICHEY FL 34653 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1991
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-3095652 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX $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: XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GAY, GREGORY G.
5318 BALSAM ST
NEW PT RICHEY FL 34652

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VP - D ☒ Change ☐ Addition
NAME	EDNA H, HUNT	1.2 NAME	Kevin A. Sentner, Esq.
STREET ADDRESS	8146 WIRE ROAD	1.3 STREET ADDRESS	P.O. Box 1299 N/A
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	1.4 CITY-ST-ZIP	~~Lady Lake, FL 32158~~
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	CURLEY, MARIA	2.2 NAME	
STREET ADDRESS	10031 DEER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	S/D	3.1 TITLE	S - D ☒ Change ☐ Addition
NAME	KEVIN, SENTNER, ESQ. C	3.2 NAME	Donna Gaula
STREET ADDRESS	P.O. BOX 1299 N/A	3.3 STREET ADDRESS	7030 Evergreen Woods Tr.
CITY-ST-ZIP	LADY LAKE FL 32158	3.4 CITY-ST-ZIP	Spring Hill, FL 34608
TITLE	/D & President	4.1 TITLE	☐ Change ☐ Addition
NAME	SUE, WOLF	4.2 NAME	
STREET ADDRESS	1127 NORTH BOULEVARD EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	ZEDALIS, MARY	5.2 NAME	Monnette Viau, RN, Ph.D.
STREET ADDRESS	4531 FLORAMAR TER	5.3 STREET ADDRESS	6330 Darien Way
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	TD	6.1 TITLE	T & D ☒ Change ☐ Addition
NAME	JEANINE J., HVOZDOVICH	6.2 NAME	Troy Young, Barnett Bank
STREET ADDRESS	1121 KNOLLWOOD DR	6.3 STREET ADDRESS	10220 U.S. Hwy. 10
CITY-ST-ZIP	SAFETY HARBOR FL 34695	6.4 CITY-ST-ZIP	Port Richey, FL 34668

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: Sue Wolf January 17, 1995 (813)848-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sue Wolf, President

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