

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 # N45685 (7)

1. Corporation Name

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

Principal Place of Business

CLAUDE PEPPER CENTER  
6640 VAN BUREN ST  
NEW PORT RICHEY FL 34656

Mailing Address

P.O. BOX 2070  
NEW PORT RICHEY FL 34653  
US



3. Date Incorporated or Qualified  
10/21/1991

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3095652

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 VPD ☐ DELETE

NAME EDNA H. HUNT  
STREET ADDRESS 8146 WIRE ROAD  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

1.1 TITLE VP - D ☒ Change ☐ Addition

1.2 NAME Peggy Emhardt  
1.3 STREET ADDRESS Hernando County Senior Services  
1.4 CITY-ST-ZIP P.O. Box 896, Brooksville, FL 34605

TITLE V ☐ DELETE

NAME CURLEY, MARIA  
STREET ADDRESS 10031 DEER LANE  
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME KEVIN, SENTNER, ESQ. C  
STREET ADDRESS P.O. BOX 1299 N/A  
CITY-ST-ZIP LADY LAKE FL

3.1 TITLE P - D ☒ Change ☐ Addition

3.2 NAME Kevin Sentner, Esq.  
3.3 STREET ADDRESS 1100 Main Street - Ste. 211  
3.4 CITY-ST-ZIP Lady Lake, FL 32158

TITLE /D ☐ DELETE

NAME SUE, WOLF  
STREET ADDRESS 1127 NORTH BOULEVARD EAST  
CITY-ST-ZIP LEESBURG FL 34748

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ZEDALIS, MARY  
STREET ADDRESS 4531 FLORAMAR TER  
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE S - D ☒ Change ☐ Addition

5.2 NAME Esther Ayers  
5.3 STREET ADDRESS 4320 Sanddollar Court  
5.4 CITY-ST-ZIP New Port Richey, FL 34652

TITLE TD ☐ DELETE

NAME JEANINE J., HVOZDOVICH  
STREET ADDRESS 1121 KNOLLWOOD DR  
CITY-ST-ZIP SAFETY HARBOR FL 34695

6.1 TITLE T - D ☒ Change ☐ Addition

6.2 NAME Gary Sylvester  
6.3 STREET ADDRESS 10220 U.S. Hwy. 19  
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)(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:

*Esther Ayers*

1/17/96 (813) 848-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)