

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **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 34656-2070  
US**3. Date Incorporated or Qualified  
**10/21/1991**3a. Date of Last Report  
**01/25/1996**

4. FEI Number

**59-3095652**

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

**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	VP D	<input type="checkbox"/> DELETE
NAME	EMHARDT, PEGGY	
STREET ADDRESS	HERNANDO CO. SR. SERVICES PO BOX 896	
CITY - ST - ZIP	BROOKSVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CURLEY, MARIA	
STREET ADDRESS	10031 DEER LANE	
CITY - ST - ZIP	NEW PORT RICHEY FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	P D	<input type="checkbox"/> DELETE
NAME	SENTNER, KEVIN E	
STREET ADDRESS	1100 MAIN STREET, SUITE 211	
CITY - ST - ZIP	LADY LAKE FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	/D	<input checked="" type="checkbox"/> DELETE
NAME	SUE, WOLF	
STREET ADDRESS	1127 NORTH BOULEVARD EAST	
CITY - ST - ZIP	LEESBURG FL 34748	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	S D	<input type="checkbox"/> DELETE
NAME	AYERS, ESTHER	
STREET ADDRESS	4320 SANDDOLLAR COURT	
CITY - ST - ZIP	NEW PORT RICHEY FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	T D	<input type="checkbox"/> DELETE
NAME	SYLVESTER, GARY	
STREET ADDRESS	10220 U S HWY 19	
CITY - ST - ZIP	PORT RICHEY FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T D
6.3 STREET ADDRESS	Margie Lipinski - Barnett Bank
6.4 CITY - ST - ZIP	8338 Embassy Blvd. Port Richey, FL 34668

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.

SIGNATURE: **Dominick De Petriello, Executive Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

(313) 848-8888

Daytime Phone # 0088204

CR2E037 (9/96)