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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45685

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 34653

Mailing Address

P.O. BOX 2070
NEW PORT RICHEY FL 34653
US 34656-2070



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/21/1991

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**

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

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

TITLE PD ☐ DELETE
NAME EMHARDT, PEGGY
STREET ADDRESS HERNANDO CO. SR. SERVICES PO BOX 896
CITY-ST-ZIP BROOKSVILLE FL

TITLE VPD ☐ DELETE
NAME BORLAND, DEBORAH
STREET ADDRESS 2011 NW 18TH STREET
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE SD ☐ DELETE
NAME COLLINS, BERNADETTE
STREET ADDRESS 7177 W INTERNATIONAL CT
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE TD ☐ DELETE
NAME LIPINSKI, MARGIE
STREET ADDRESS 8388 EMBASSY ROAD
CITY-ST-ZIP PORT RICHEY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President & D ☒ Change ☐ Addition
1.2 NAME Peggy Emhardt in address
1.3 STREET ADDRESS 6701 Dairy Road only
1.4 CITY-ST-ZIP Zephyrhills, FL 33540-0896

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer & D ☒ Change ☐ Addition
4.2 NAME Margie Lipinski in address
4.3 STREET ADDRESS 6445 Massachusetts Ave. only
4.4 CITY-ST-ZIP New Port Richey, FL 34653-2531

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 6, 1999

(727) 848-8888

Date

Daytime Phone #

CR2E037 (11/98)