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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46016** (4)

1. Corporation Name

**ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.-CHARLOTTE/DESOTO COUNTIES CHAPTER**



Principal Place of Business <b>118 SULLIVAN STREET PUNTA GORDA FL 33950 US</b>	Mailing Address <b>P.O. BOX 42-510042 PUNTA GORDA FL 33951-0042 US</b>
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2. Principal Place of Business		3a. Date of Last Report <b>03/26/1996</b>	
2a. Mailing Address		3. Date Incorporated or Qualified <b>11/14/1991</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0113487</b>	
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable	
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D. E. FORD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAPELLE, WILLIAM</b>	1.2 NAME	<b>LEON FORD</b>
STREET ADDRESS	<b>2100 KINGS HIGHWAY #921</b>	1.3 STREET ADDRESS	<b>1000 KINGS HWYWAY # 471</b>
CITY-ST-ZIP	<b>PT CHARLOTTE FL 33980</b>	1.4 CITY-ST-ZIP	<b>PT. CHARLOTTE, FL 33980</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINK, DONNA</b>	2.2 NAME	
STREET ADDRESS	<b>2811 TAMiami TrL, UNIT Q</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>JO ANDREOLA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, JACK H</b>	3.2 NAME	<b>JO ANDREOLA</b>
STREET ADDRESS	<b>25188 MARION AVE #D101</b>	3.3 STREET ADDRESS	<b>1330 WATERSIDE ST.</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	3.4 CITY-ST-ZIP	<b>PT. CHARLOTTE, FL 33952</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSO, DIANE C</b>	4.2 NAME	
STREET ADDRESS	<b>2811 TAMiami TrL, UNIT Q</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>MARYELLEN JABLONSKY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>MARYELLEN JABLONSKY</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>102 MARK TWAIN LN.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>ROTUNDA WEST, FL 33947</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)