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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90135 028 ****61.25

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1. Corporation Name

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

Principal Place of Business

118 SULLIVAN STREET
PUNTA GORDA FL 33950
US

Mailing Address

P.O BOX 510042
PUNTA GORDA FL 33951
US



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

11/14/1991

4. FEI Number

65-0113487

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 **D** ☐ DELETE

NAME **MALANAPHY, RICHARD**

STREET ADDRESS **1380 VISCAYA DRIVE**

CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **D** ☒ DELETE

NAME **LINK, DONNA**

STREET ADDRESS **2811 TAMiami TrL, UNIT Q**

CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **D** ☐ DELETE

NAME **RUSSO, DIANE C**

STREET ADDRESS **2811 TAMiami TrL, UNIT Q**

CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **D** ☐ DELETE

NAME **JABLONSKI, MARYELLEN**

STREET ADDRESS **102 MARK TWAIN LN**

CITY-ST-ZIP **ROTUNDA WEST FL 33947**

TITLE ☐ DELETE

NAME **EXEC. DIR.**

STREET ADDRESS **DOYLE, ROBERT**

CITY-ST-ZIP **118 Sullivan Street**

Punta Gorda, FL 33950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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)(l), 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:

MARYELLEN JABLONSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

(941) 639-4717

CR2E037 (1/98)