

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 # N94000004425 (4)

1. Corporation Name

ALZHEIMER'S LIFELINERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1800 SECOND STREET  
SUITE 765  
SARASOTA FL 34236

1800 SECOND STREET  
SUITE 765  
SARASOTA FL 34236



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/06/1994

3a. Date of Last Report

06/26/1995

4. FEI Number

APPLIED FOR 65-0588028

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

10. Name and Address of New Registered Agent

FERRELL, ALICE ESQ.  
1800 SECOND STREET  
SUITE 765  
SARASOTA FL 34236

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

*Alice Ferrell*

(NOTE: Registered Agent signature required when first stating)

2/22/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME VESTAL, GRETALEE  
STREET ADDRESS 3800 S TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE VP  
NAME HAMILL, JOJM  
STREET ADDRESS 1605 MAIN ST  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE S  
NAME ENGELBRECHT, LUNDA  
STREET ADDRESS 3250 12TH ST  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE T  
NAME OVERTON, PAULA  
STREET ADDRESS 1871 COTTONWOOD TRAIL  
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE D  
NAME COOKE, VIVIEN  
STREET ADDRESS 822 HAMMOCKWOOD CT  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE D  
NAME COBB, PHYLLIS  
STREET ADDRESS 3239 RAMBLEWOOD DRIVE, NORTH  
CITY-ST-ZIP SARASOTA FL 34237 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President ☐ Change ☐ Addition

12 NAME Pamela Overton

13 STREET ADDRESS 1871 Cottonwood Trail

14 CITY-ST-ZIP Sarasota, FL 34232

21 TITLE VP ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE T ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Bella Padar

1800 Towhee Lane, Sarasota, FL 34231

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

100001822281

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61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

*Pamela Overton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

941-377-5745

Date

Daytime Phone

CR2E037 (12/95)