

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 760
SARASOTA FL 34236

1800 SECOND STREET
SUITE 760
SARASOTA FL 34236

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FERRELL, ALICE ESQ.
1800 SECOND STREET
SUITE 760
SARASOTA FL 34236

3. Date Incorporated or Qualified

09/06/1994

4. FEI Number

65-0588021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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 P ☒ DELETE

NAME OVERTON, PAMELA
STREET ADDRESS 1871 COTTONWOOD TRAIL
CITY-ST-ZIP SARASOTA FL 34232

TITLE VP ☐ DELETE

NAME HAMILL, JOJM
STREET ADDRESS 1605 MAIN ST
CITY-ST-ZIP SARASOTA FL

Same

TITLE S ☒ DELETE

NAME ENGELBRECHT, LINDA
STREET ADDRESS 3250 12TH ST
CITY-ST-ZIP SARASOTA FL

TITLE T ☒ DELETE

NAME PADAR, BELLA
STREET ADDRESS 1800 TOWHEE LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☐ DELETE

NAME COOKE, VIVIAN
STREET ADDRESS 822 HAMMOCKWOOD CT
CITY-ST-ZIP SARASOTA FL

Same

TITLE D ☐ DELETE

NAME SULLIVAN, MARY ANNE
STREET ADDRESS 106 SEAGULL LANE
CITY-ST-ZIP SARASOTA FL 34236

Same

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Engelbrecht, Linda
1.3 STREET ADDRESS 3250 12th St
1.4 CITY-ST-ZIP SARASOTA, FL 34237

2.1 TITLE Director ☒ Change ☐ Addition

2.2 NAME PADAR, BELLA
2.3 STREET ADDRESS 1800 TOWHEE LANE
2.4 CITY-ST-ZIP SARASOTA, FL 34231

3.1 TITLE Director ☒ Change ☐ Addition

3.2 NAME OVERTON, Pamela
3.3 STREET ADDRESS 1871 Cottonwood Tr.
3.4 CITY-ST-ZIP SARASOTA FL 34232

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME Wiley, Pam
4.3 STREET ADDRESS 3020 RIVIERA DR.
4.4 CITY-ST-ZIP SARASOTA, FL 34231

5.1 TITLE T ☒ Change ☐ Addition

5.2 NAME Hagan, Diane
5.3 STREET ADDRESS 1800 2nd Street
5.4 CITY-ST-ZIP SARASOTA, FL 34236

6.1 TITLE 200002591362 ☐ Change ☐ Addition

6.2 NAME -07/17/98-01008-021
6.3 STREET ADDRESS ***61.25
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.

SIGNATURE: Linda Engelbrecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda L. Engelbrecht, President 7/7/98

Date

Daytime Phone #

FILED
Jul 16 1998 8:00am
Secretary of State



CR2E037 (5/98)

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