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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000004248

1. Corporation Name

INTERNATIONAL ALZHEIMER'S FOUNDATION TRUST, INC.

Principal Place of Business

2277 S.W. OLYMPIC CLUB TERRACE
PALM CITY FL 34990

Mailing Address

2277 S.W. OLYMPIC CLUB TERRACE
PALM CITY FL 34990



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3400086	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

COSENTINO, JAMES
2277 S.W. OLYMPIC CLUB TERRACE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D P
NAME	COSENTINO, JAMES	1.2 NAME	
STREET ADDRESS	2277 S.W. OLYMPIC CLUB TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D S
NAME	DISBURY, DANIEL W	2.2 NAME	
STREET ADDRESS	6936 N.W. 1ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D V
NAME	LAPORTE, SHEILA T	3.2 NAME	
STREET ADDRESS	722 N.W. VIRGINIA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ROGER BUTLER	4.2 NAME	
STREET ADDRESS	193 RIVER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LORIDA, FL 33857	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	EDWIN S MORRITT	5.2 NAME	
STREET ADDRESS	4822 5051	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34982	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	JAMES HARGRELL M.D.	6.2 NAME	
STREET ADDRESS	707 E. OSCOLA ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (561) 287 0529

CR2E037 (11/98)

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4446668-90126-31

INTERNATIONAL ALZHEIMER'S FOUNDATION TRUST , INC.
2272 S.W. OLYMPIC CLUB TERRACE
PALM CITY, FLORIDA 34990

ADDITIONAL DIRECTORS

D
RONALD LIMOLI, DDS
15275 SW ADAMS STREET
INDIANTOWN, FL 34956

D
TRISTAN H. PANGILINAN, MD
200 NE 19TH DRIVE
OKEECHOBEE, FL 34972

END OF LIST