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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005779 (1)**

1. Corporation Name

FLORIDA ALZHEIMER'S COALITION, INC.

Principal Place of Business

Mailing Address

**1250 S. HARBOR CITY BLVD
SUITE 27
MELBOURNE FL 32901-3241**

**1250 S. HARBOR CITY BLVD
SUITE 27
MELBOURNE FL 32901-3241**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STECKLER, JOSEPH L
1250 S. HARBOR CITY BLVD
SUITE 27
MELBOURNE FL 32901-3241**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD President** ☐ DELETE
NAME **STECKLER, JOSEPH L**
STREET ADDRESS **1250 S. HARBOR CITY BLVD. #27**
CITY-ST-ZIP **MELBOURNE FL 32901-3241**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD Vice-President** ☒ DELETE
NAME **NELSON, RON**
STREET ADDRESS **P.O. BOX 111 N/A**
CITY-ST-ZIP **PENSACOLA FL 32591-0111**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Jerry Meehan**
2.3 STREET ADDRESS **8333 W. McNab Rd., #210**
2.4 CITY-ST-ZIP **Tamarac, FL 33321**

TITLE **TD Treasurer** ☒ DELETE
NAME **GASPAROVIC, BILL**
STREET ADDRESS **2131 MANGO PL**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Dominic DePetrillo**
3.3 STREET ADDRESS **P.O. Box 2070 N/A**
3.4 CITY-ST-ZIP **New Port Richey, FL 34656**

TITLE **SD Secretary** ☒ DELETE
NAME **BARNES, MARY**
STREET ADDRESS **6401 CONGRESS AVE., #265**
CITY-ST-ZIP **BOCA RATON FL 33487**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Annette Kelly**
4.3 STREET ADDRESS **2010 Mizell Ave.**
4.4 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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:

[Handwritten Signature]

11/7/98

407-729-8536

CP2E037 (10/97)