

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005779

1. Corporation Name

FLORIDA ALZHEIMER'S COALITION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business 21 4676 N. Wickham Road Suite, Apt. #, etc. 22 City & State 23 Melbourne FL Zip 24 32935 Country 25 USA	2a. Mailing Address 26 4676 N. Wickham Road Suite, Apt. #, etc. 27 City & State 28 Melbourne FL Zip 29 32935 Country 30 USA	3. Date Incorporated or Qualified 11/12/1996 4. FEI Number 59-3413298 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent STECKLER, JOSEPH L 1250 S. HARBOR CITY BLVD SUITE 27 MELBOURNE FL 32901-3241		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	PD	1.1 TITLE	PD
NAME	STECKLER, JOSEPH L	1.2 NAME	STECKLER, JOSEPH L.
STREET ADDRESS	1250 S. HARBOR CITY BLVD. #27	1.3 STREET ADDRESS	4676 N. WICKHAM ROAD
CITY-ST-ZIP	MELBOURNE FL 32901-3241	1.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	VPD	2.1 TITLE	
NAME	MEEHAN, JERRY	2.2 NAME	
STREET ADDRESS	8333 W MCNAB RD SUITE 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	DEPETRILLO, DOMINIC	3.2 NAME	
STREET ADDRESS	P O BOX 2070 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	KELLY, ANNETTE	4.2 NAME	
STREET ADDRESS	2010 MIZELL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 prior like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TS. 4/2/99 99AL
3/1/99 (407) 453-3556

CR2E037 (1/98)

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