2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2016
Secretary of State
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Entity Name: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.-FLORIDA GULF COAST CHAPTER

Current Principal Place of Business:

14010 ROOSEVELT BLVD.
SUITE 709
CLEARWATER, FL 33762

Current Mailing Address:

14010 ROOSEVELT BLVD.
SUITE 709
CLEARWATER, FL 33762 US

FEI Number: 59-2378435

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, GLORIA J.T.
14010 ROOSEVELT BLVD.
SUITE 709
CLEARWATER, FL 33762 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	SMITH, GLORIA
Address	6551 SHORELINE DR. #6206
City-State-Zip:	SAINT PETERSBURG FL 33708

Title	CHAIRMAN
Name	WEINTRAUB, DREW
Address	5253 MIRA VISTA DRIVE
City-State-Zip:	PALM HARBOR FL 34685

Title	SECRETARY
Name	GOLLINS, DAVID
Address	10420 BREATHLESS LANE
City-State-Zip:	LUTZ FL 33558

Title	TREASURER
Name	PAUL, HASTING
Address	4700 TUSCANA DRIVE
City-State-Zip:	SARASOTA FL 34241

Title	OFFICER
Name	SUSAN NASELLI, M.D.
Address	8813 FAWN RIDGE DRIVE
City-State-Zip:	FORT MYERS FL 33909

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLORIA J SMITH PRESIDENT/CEO 01/19/2016

Electronic Signature of Signing Officer/Director Detail — Date