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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707192

1. Corporation Name
AMERICAN LUNG ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business 2020 SOUTH ANDREWS AVE. FT. LAUDERDALE FL 33316	Mailing Address 2020 SOUTH ANDREWS AVE. FT. LAUDERDALE FL 33316
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/11/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0751907
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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

JUST, DAVID R
2020 S ANDREWS AVE
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SERLO, LARRY	
STREET ADDRESS	100 N.E. 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, STEVEN	
STREET ADDRESS	5230 N. FEDERAL HWY.	
CITY-ST-ZIP	LIGHT HOUSE POINT FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUCKER, JEFFREY L.	
STREET ADDRESS	10780 S.W. 129 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GODINO, SUELLYN	
STREET ADDRESS	5811B N. ANDREWS WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stone, Joyce E.	
1.3 STREET ADDRESS	2500 NE 48th Lane #203	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dorr, Richard	
2.3 STREET ADDRESS	949 S. North Lake Drive	
2.4 CITY-ST-ZIP	Hollywood, FL 33019	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Scott, Steven	
3.3 STREET ADDRESS	5230 N. Federal Hwy.	
3.4 CITY-ST-ZIP	Light House Point, FL 33064	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brauss, James R.	
4.3 STREET ADDRESS	1528 NE 4th Avenue	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 1/26/99 954-524-4657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)