FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 737251 (9)

Mailing Address

FLORIDA LARYNGECTOMEE'S ASSOCIATION, INC.

F.L.A. C/O AMERICAN CANCER SOCIETY 3709 W JETTON AVE TAMPA FL 33629-5146 US			6207 RED CEDAR CIRCLE GREENACRES FL 33463-8330							
							3. Date Incorporated or Qualified 11/09/1976	1/09/1976 3a. Date of Last Report 05/01/1996		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Ap	plied For
Care .			26 1427 E. HILLSBORD BLUD				59-2330591		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 A	
22			27 # 529				5. Co., 11, 102, 10 or Clare 2 or Clare 2		Fee Re	
City & State	3	Ь.	City & State	2.4	F	,	6. Election Campaign Financing	_	\$5.00	
Zip	Country	28	DEERFIELD		Country	مبا	Trust Fund Contribution		Added to	
一	Country	Ь.	Zip 33441	<u> </u>			8. This corporation has liability for			199.032,
24	25 Name and Address of Current	29	<u></u>	30		5			No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name and Address of New Registered Agent										
DI LIM M	NIIANI				<u> </u>	4.4	EONARD WEINSTEI			
BLUM, LI	D CEDAR CIRCLE		82 Street Add			Street Add	Iress (P.O. Box Number is Not Acceptal)le)	529	
			83			144/	E. HILLS SORO BLOV	- 4	501	
LAKE WORTH FL 33463										
					84	City	FIELD BEACH	FL	85 Zip C	
11. Pursuant t	to the provisions of Sections 617.0502	and 6	17.1508. Florida Stat	utes, the	a above-r	verned cor	noration submits this statement for the			s registered
office or re	egistered agent, or both, in the State	of Floric	la. Such change was	s author	ized by t	ne corpora	poration submits this statement for the pation's board of directors. I hereby acce	pt the appoi	ntment as	registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE LEGNARD WEINSTEIN TERMS Legnard Weinstein 4/2 V/47										
SIGNATURE	Signature, typed or printed name of registered agen		• - • • •	OTF: Regis	tered Agent	Rignatura regu	ulred when reinstating)	DATE	/ 	
12.	OFFICERS AND	~~~~			3.	signature rode	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	PD		☑ DELETE		.1 TITLE	10	2.0		Change	Addition
NAME	NAIL, CHARLIE			1	.2 NAME		EARL MOGK			
STREET ADDRESS	3895 SE WHISPERING SOUND) DR		1	.3 STREET AL	DORESS	141 ELEUTHERA DI	R		
CITY-ST-ZIP	PALM CITY FL			1	.4 CITY-ST-	ZIP :	DANIA FL 3300		,	
TITLE	SD		DELETE	2	1 TITLE	V	n		Change	Addition
NAME	JANSEN, KEN			2	.2 NAME	ľ	LEORLE WALSH			
STREET ADDRESS	9407 CATALINA DRIVE			2	3 STREET AL	DRESS	861 HONEY BEE	LA	_	
CITY-ST-ZIP	BRADENTON FL			2	4 CITY-ST-	ZIP	BOIL HONEY BEET PORT RICHEY, FL	. 335	18	
THILE	TD		DELETE	3	1 TITLE		<u> </u>	[2	Change	Addition
NAME	Blum, Lillian			3	.2 NAME	"	ADMM ATRUM			
STREET ADDRESS	6287 RED CEDAR CIRCLE			3	3 STREET AL	ODRESS	2751 SE 595T			
CITY-ST-ZIP	GREEN ACRES FL			3	4. CITY-ST-	ZIP	OCALA FL 3	4430		
TITLE	MA		™ DELETE	4	.1 TITLE	1	D LEONARD WELL	المحمد	Change	Addition
NAME	PEARSON, BRUCE			4	2 NAME			STEIN	, ,,,a	
STREET ADDRESS	MAYO CLINIC			4	3 STREET AC		1427 E. HILLSBORD B			
CITY-ST-ZIP	JACKSONVILLE FL			4	4 CITY-ST-	ZIP J O	EERGELD BLH FL			
DTLE	D		DELETE	5	.1 TITLE	l t	0 010011 21010	Ľ	Change	
NAME	KING, ROBERT L.			5	2 NAME	"	2463 SOUND BEND	00		
STREET ADDRESS	885 TANGELWOOD DRIVE			5	3 STREET AC	DORESS	7463 SOLVE WELL	VK		
CITY-ST-ZIP	PENSACOLA FL		The see		4 CITY-ST-	ZIP x	ORLANDO FL	281	4	T
TITLE			L. DELETE		1 TITLE		A Company of the Comp	L	Change	Addition
NAME					2 NAME					
STREET ADDRESS					3 STREET AC			-		÷
CITY-ST-ZIP	nu cortifu that the information and a	La sia h. Ar-	io filino doso == ' = ::		4 CITY-ST-		od in Cootion 110 07/0/0 Francis Co	a 14:-4	novik de	the
14. I do 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.										
LEDWARD WEINSTEIN										
SIGNATURE: SIGNATURE: Western 4/21/9] 954-427-7043										