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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737251

1. Corporation Name

FLORIDA LARYNGECTOMEE'S ASSOCIATION, INC.

Principal Place of Business

F.L.A. C/O AMERICAN CANCER SOCIETY
3709 W JETTON AVE
TAMPA FL 33629-5146
US

Mailing Address

1427 E. HILLSBORO BLVD.
#529
DEERFIELD BEACH FL 33441
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

11/09/1976

Suite, Apt., #, etc.

22

Suite, Apt., #, etc.

27

4. FEI Number

59-2330591

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24

25

Zip

Country

29

30

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

WEINSTEIN, LEONARD
1427 E. HILLSBORO BLVD.
#529
DEERFIELD BEACH FL 33441

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 ☐ DELETE

NAME **PD**
MOGK, EARL
STREET ADDRESS **141 ELEUTHERA DR.**
CITY-ST-ZIP **DANIA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD**
WALSH, GEORGE
STREET ADDRESS **8611 HONEY BEE LANE**
CITY-ST-ZIP **PORT RICHEY FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD**
LYNCH, LOMA
STREET ADDRESS **2751 S.E. 59 ST.**
CITY-ST-ZIP **OCALA FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD**
WEINSTEIN, LEONARD
STREET ADDRESS **1427 E. HILLSBORO BLVD., #529**
CITY-ST-ZIP **DEERFIELD BEACH FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
BLAIR, CHARLY
STREET ADDRESS **7463 SOUND BEND DR.**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **LEONARD WEINSTEIN**
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)