

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737251

FILED
Feb 19, 2004
Secretary of State**Entity Name:** FLORIDA LARYNGECTOMEE'S ASSOCIATION, INC.**Current Principal Place of Business:**F.L.A. C/O AMERICAN CANCER SOCIETY
3709 W JETTON AVE
TAMPA, FL 336295146 US**New Principal Place of Business:****Current Mailing Address:**141 ELEUTHRA DRIVE
DANIA, FL 33004 US**New Mailing Address:****FEI Number:** 59-2330591**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MOSK, EARL C
141 ELEUTHERA DRIVE
DANIA, FL 33004 US**Name and Address of New Registered Agent:**MOGK, EARL C
141 ELEUTHERA DRIVE
DANIA, FL 33004 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: EARL C. MOGK

02/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: RAMBOLDT, JUDITH
Address: 2640 DERBY DR
City-St-Zip: DELTONA, FL 32738**Title:** VD () Delete
Name: KILMER, CARL
Address: 114 WIMBLEDON DR
City-St-Zip: FORT LAUDERDALE, FL 33324**Title:** SD () Delete
Name: KIGER, AMY JO
Address: 22 TROTTER CT
City-St-Zip: DAYTONA BEACH, FL**Title:** TD () Delete
Name: MOSK, EARL C
Address: 141 ELEUTHRA DRIVE
City-St-Zip: DANIA, FL 33004**Title:** D () Delete
Name: HOUGH, JERRY
Address: 1480 PHESANT CREEK DR
City-St-Zip: PALM HARBOR, FL 34684**Title:** D () Delete
Name: NAIL, CHARLIE
Address: 3895 SW WHISPERING SOUND DRIVE
City-St-Zip: PALM CITY, FL 34990**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: MOGK, EARL C
Address: 141 ELEUTHRA DRIVE
City-St-Zip: DANIA, FL 33004**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EARL C. MOGK

TREA

02/19/2004

Electronic Signature of Signing Officer or Director

Date