

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737251

FILED
Feb 02, 2008
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:

MOGK, EARL C TREAS.
141 ELEUTHERA DRIVE
DANIA BEACH, FL 33004 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLAIR, CHARLES PRESIDE
Address: 8745 MAPLEWOOD ROAD
City-St-Zip: LARGO, FL 33777 US

Title: SD () Delete
Name: MAGGIE, GEEHAN SEC
Address: 20550 SW STARLING DRIVE
City-St-Zip: DUNNELLON, FL 34431 US

Title: TD () Delete
Name: MOGK, EARL C TREAS
Address: 141 ELEUTHERA DRIVE
City-St-Zip: DANIA BEACH, FL 33004 US

Title: VP () Delete
Name: SMILEY, ROBERT VP
Address: 6405 DALLAS AV
City-St-Zip: PT. ST. JOHN, FL 32927 US

Title: D () Delete
Name: NAIL, CHARLIE DIR
Address: 3895 SW WHISPERING SOUND DRIVE
City-St-Zip: PALM CITY, FL 34990 US

Title: D () Delete
Name: BUTCH, MCMAHAN DR
Address: 1702 W. WASHINGTON ST.
City-St-Zip: PLANT CITY, FL 33563 US

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:

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Address:
City-St-Zip:

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 exemption stated in Chapter 119, 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

02/02/2008

Electronic Signature of Signing Officer or Director

Date