2003 NOT-FOR-PROFIT CORPORATION

	AILOUM DOSHAE	33 NEPUNI	17	unj			L 20, 2 00			
DOCUMENT # 737251 1. Entity Name FLORIDA LARYNGECTOMEE'S ASSOCIATION, INC.						Secretary of State 07-28-2003 90137 001 ****61.25				
LOHIDA	EXITINGEOTORIES O MOOODIN	411014, 11401								
Principal Plac	ce of Business	Mailing Address								
F.L.A. C/O AMERICAN CANCER SOCIETY 1427 E. HILLSBORO BLVD.										
3709 W JETTON AVE #529							•			
TAMPA FL 336 US	29-5146	DEERFIELD BEACH FL 33441 US	l			I INCIII ILEGA I	FILM NEBAR DERRI BEHDE HIDE ALD	IN BREW EIGH BREW BIE	IL BIBLI IEBI	
2. Principal F	Place of Business	3. Mailing Address	•							
F.L.A. Clo America luncer Society 141 Eleuthren &			rive		1 1451(4 1888)	###	il Biğil elali Şibil din	(1 8(81) I 58 1		
Suite, Apt. #, etc. 3709 W. Jetton Ave				·	CHECK HERE IF MAKING CHANGES					
City & Stat		City & State	ity & State anig Beach, Fl				4. FEI Number 59-2330591 Applied For			
Tam :	Country	Zip Zip				Not Applicable Societies of Status Posited 8.75 Additional				
33629-	5746 US	33004-	US			5. Certificate of S		Fee Require		
	6. Name and Address of Current R	7. Name and Address of New Registered Agent								
NE MICHIGATINA A EGNIADO					Earl C. Mogk					
WEINSTEIN, LEONARD 1427 E. HILLSBORO BLVD.				Street Address (P.O. Box Number is Not Acceptable)						
#529					<u> </u>	<u> </u>				
DEERFIELD BEACH FL 33441						7		Zip Cod	e /	
8. The above named entity submits this statement for the purpose of changing its registered						¿ Beach		FL 33%		
	e named entity submits this statement for t tions of registered agent.	the purpose of changing its r	egistere	ed office o	r registere	ed agent, or both, in	the State of Florida. I	am familiar with,	and accept	
			S		10 2	2. 1.		1-1-3	.	
SIGNATURE		Treasurer	<u>_ (l</u>		<u>/v</u>	rope-		12110-	<u> </u>	
1. 1. 1.	Signature, typed or printed rame of registered agent and	d title if applicable. (NOTE:	Registered	Agenit signa	ture required	when denstating)	D/	ATE		
**	FILE NOW: FEE S \$61.25	0 Floation Com	noian Ei	inanaina		AF 00	Make Ch	and Davida		
FILE NOW: FEE S \$61.25 9. Election Campaign Fi After September 10, 2003, min will be \$236.25 Trust Fund Contribution				-		\$5.00 May Be Added to Fees		neck Payable partment of S		
*				_						
10/:	OFFICERS AND DIRE		11.			DDITIONS/CHANG	ES TO OFFICERS AN			
TITLE . NAME	PD Blair, Charleste	Delete	TITLE		PO.	holdt. J	udit4	· Change	☐ Addition	
STREET ADDRESS	8745 MAPLEWOOD ROAD			ET ADDRESS	DEUC	Derby Dr			}	
CITY-ST-ZIP	LARGO FL 33777	,		·ST-ZIP	Del	tong Fl.	327 <i>38</i>		ĺ	
TITLE	VD	Delete	TITLE					Change	Addition	
NAME	RAMBOLDT, JUDITH		NAME		Car	Wilmer with bled	on Dri			
STREET ADDRESS CITY-ST-ZIP	2640 DERBY DR DELTONA FL 32738			ET ADDRESS ST_ZIP	1 414	tetion Eli	33224			
TITLE	SD SD	☐ Delete	TITLE		50	1.747 1.001 1° 1		Change	Addition	
NAME	KIGER, AMY JO	El Boloto	NAME		10 KU	or, Amy J	b .	<u></u>		
STREET ADDRESS	22 TROTTER CT		•	ET ADDRESS	73	Trotter	C+,			
CITY-ST-ZIP	DAYTONA BEACH FL			ST-ZIP	Day	tona Bea	ch, Fl.			
TITLE NAME	TD Weinstein, Leonard	Delete	TITLE		TO	l C. Mogk Eleithera		C hange	Addition	
STREET ADDRESS	1427 E. HILLSBORO BLVD., #529			Et address	Jui	Flouthera	Drive			
CITY-ST-ZIP	DEERFIELD BEACH FL	_	CITY-	ST-ZIP	Da	nia Beach	i Fl 33∞	4		
TITLE	D	Delete	TITLE		D_	Phoson F		Change	Addition	
NAME	CARTER, FRED		NAME	T ABORESO	Jer	y Housh	Wook Om			
STREET ADDRESS CITY-ST-ZIP	833 MAPLEWOOD CIRCLE PENSACOLA FL	,		T ADDRESS ST-ZIP	Pola	Harbor F	7. 34684			
TITLE	D	Delete	TITLE					Change	Addition	
NAME	SULLIVAN, JAMES M	5000	NAME		Cha	rlie Nai	l Ispering Sound	1 500		
STREET ADDRESS	HOSE W WATERS AVE	•	STREE	T ADDRESS	1 3 Cv	a < 5 · W · Wh	ispering Double	A NOTIVE	i	

STREET ADDRESS

1915 W WATERS AVE
TAMPA FL 33604

12. I hereby certify that the information supplied with this filling does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDVALSED Earle. Mark, Treas 7/21/03

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