

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737251** (9)

1. Corporation Name

FLORIDA LARYNGECTOMEE'S ASSOCIATION, INC.



Principal Place of Business F.L.A. C/O AMERICAN CANCER SOCIETY 3708 W JETTON AVE TAMPA FL 33629-5146 US		Mailing Address 1427 E. HILLSBORO BLVD. #529 DEERFIELD BEACH FL 33441 US		3. Date Incorporated or Qualified 11/09/1976	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2330591	
21		26		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24		29		30	
Country		Country			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MOGK, EARL	1.2 NAME	
STREET ADDRESS	141 ELEUTHERA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WALSH, GEORGE	2.2 NAME	
STREET ADDRESS	8811 HONEY BEE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LYNCH, LOMA	3.2 NAME	
STREET ADDRESS	2751 S.E. 59 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, LEONARD	4.2 NAME	
STREET ADDRESS	1427 E. HILLSBORO BLVD., #529	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BLAIR, CHARLY	5.2 NAME	
STREET ADDRESS	7463 SOUND BEND DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: **LEONARD WEINSTEIN** *Leonard Weinstein* 4/14/98 954-427-7043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 954-427-7043

CR2E037 (10/97)