

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22299

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE ALS ASSOCIATION FLORIDA CHAPTER, INC.

Current Principal Place of Business:

3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 94-3124732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, DARA
1405 VENTANA DRIVE
RUSKIN, FL 33573 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: DVP () Delete
Name: MORONEY, JIM
Address: 100 N. TAMPA ST. #3000
City-St-Zip: TAMPA, FL 33602

Title: DP () Delete
Name: ALEXANDER, DARA
Address: 1405 VENTANA DR.
City-St-Zip: RUSKIN, FL 33573

Title: DS () Delete
Name: MURPHY, JAMES B JR.
Address: 100 N. TAMPA STREET, SUITE 2900
City-St-Zip: TAMPA, FL 33602

Title: DT () Delete
Name: NELSON, WARREN
Address: 16313 N. DALE MABRY HWY., SUITE 100
City-St-Zip: TAMPA, FL 33618

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: DT (X) Change () Addition
Name: NELSON, WARREN
Address: 2 WARFSIDE DRIVE
City-St-Zip: CHARLESTON, SC 29401

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: DARA ALEXANDER

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date