I hereby 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 all other like empowered.

SIGNATURE: PHILIP FLYNN, III

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N22299

Entity Name: THE ALS ASSOCIATION FLORIDA CHAPTER, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

3242 PARKSIDE CENTER CIRCLE TAMPA, FL 33619

# **Current Mailing Address:**

3242 PARKSIDE CENTER CIRCLE TAMPA, FL 33619 US

### FEI Number: 94-3124732

### Name and Address of Current Registered Agent:

FLYNN, III, PHILIP 3242 PARKSIDE CENTER CIRCLE TAMPA, FL 33619 US

Date

Certificate of Status Desired: Yes

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

# Officer/Director Detail :

Title	PRESIDENT AND CEO	Title	CHAIRMAN
Name	FLYNN, III, PHILIP	Name	TORRES, SANDRA DR.
Address	3242 PARKSIDE CENTER CIRCLE	Address	3242 PARKSIDE CENTER CIRCLE
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619
Title	TREASURER	Title	1ST VICE CHAIR
Title Name	TREASURER STAMBAUGH, GLENN	Title Name	1ST VICE CHAIR CANNISTRA, JOHN

PRESIDENT AND CEO 02/05/2018

Date