

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703895

1. Entity Name

AMERICAN LUNG ASSOCIATION OF FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

5526 ARLINGTON ROAD

5526 ARLINGTON ROAD

JACKSONVILLE FL 32211

JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

5526 Arlington Rd.

5526 Arlington Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32211

Country

Duval

Zip

32211

Country

Duval

4. FEI Number

59-0662271

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	MILA, PABLO	
STREET ADDRESS	16425 COLLINS AVE, #415	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROBERT J.	
STREET ADDRESS	8261 SEVEN MILE DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	KESSLER, SANDRA R	
STREET ADDRESS	5526 ARLINGTON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CURRAN, JOHN MD	
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUCKER, JEFF	
STREET ADDRESS	10780 SW 129TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILA, PABLO	
STREET ADDRESS	16425 COLLINS AVE, #415	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, SCOTT P.	
STREET ADDRESS	3946 WEST CATTAIL POND CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE KOFF, BELLE K.	
STREET ADDRESS	5333 COLONY COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904-5878	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCKER, JEFF	
STREET ADDRESS	10780 SW 129TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90107 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

1-23-02 904-743-2533