
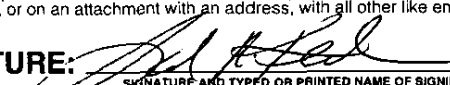


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90002 022 \*\*\*\*70.00

<b>DOCUMENT # 703895</b> 1. Entity Name AMERICAN LUNG ASSOCIATION OF FLORIDA, INCORPORATED																																																																																																																																									
Principal Place of Business 5526 ARLINGTON ROAD <del>P.O. BOX 8127</del> JACKSONVILLE, FL 32211			Mailing Address 5526 ARLINGTON ROAD <del>P.O. BOX 8127</del> JACKSONVILLE, FL 32211																																																																																																																																						
2. Principal Place of Business			3. Mailing Address																																																																																																																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																						
City & State			City & State																																																																																																																																						
Zip		Country		Zip																																																																																																																																					
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4. FEI Number 59-0662271				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent  KESSLER, SANDRA R. 5526 ARLINGTON RD. JACKSONVILLE, FL 32211				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																																																																																																																																					
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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																																																						
			\$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																																																																																				
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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.																																																																																																																																									
<b>SIGNATURE:</b>  Sandra R. Kessler 904-743-2933 1/8/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									