

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90264 028 ****70.00

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1. Entity Name
**AMERICAN LUNG ASSOCIATION OF FLORIDA,
INCORPORATED**



Principal Place of Business
**5526 ARLINGTON ROAD
JACKSONVILLE, FL 32211**

Mailing Address
**5526 ARLINGTON ROAD
JACKSONVILLE, FL 32211**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-NP CR2E037 (11/05)

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

**BOGDAN, MARTHA C
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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME DE KOFF, BELLE K
STREET ADDRESS 5333 COLONY COURT
CITY-ST-ZIP CAPE CORAL, FL 339045878

TITLE D ☐ Delete
NAME BOGDAN, MARTHA
STREET ADDRESS 5526 ARLINGTON ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE VP ☐ Delete
NAME SCOTT, STEVEN L
STREET ADDRESS 1600 S.E. 11TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE SD ☐ Delete
NAME WILKENS, PAUL
STREET ADDRESS 4044 KILMARTIN DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE TD ☒ Delete
NAME KEITH, SCOTT P
STREET ADDRESS 3946 WEST CATTAIL POND CIRCLE
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME SCOTT, STEVEN L.
STREET ADDRESS 1600 S.E. 11TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE VP ☒ Change ☐ Addition
NAME WILKENS, PAUL
STREET ADDRESS 4044 KILMARTIN DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE SD ☐ Change ☒ Addition
NAME JOHNSTON, ALAN D.
STREET ADDRESS 3027 S. OSCEOLA AVENUE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE TD ☐ Change ☒ Addition
NAME WITT, SCOTT V.
STREET ADDRESS 580 BROWARD ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Martha C Bogdan (Martha C Bogdan) CEO 1/11/06 904-743-2933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #