

FILED
Feb 05, 2007 8:00 am
Secretary of State

DOCUMENT # 703895

Mailing Address
5526 ARLINGTON ROAD
JACKSONVILLE, FL 32211

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E037 (12/06)

Applied For
Not Applicable

☒ **\$8.75 Additional Fee Required**

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSTON, ALAN D	
STREET ADDRESS	3027 S. OSCEOLA AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	

TITLE	D	<input type="checkbox"/> Delete
NAME	BOGDAN, MARTHA	
STREET ADDRESS	5526 ARLINGTON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOTT, STEVEN L	
STREET ADDRESS	1600 S.E 11TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	

TITLE	VP	<input type="checkbox"/> Delete
NAME	WILKENS, PAUL	
STREET ADDRESS	4044 KILMARTIN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32309	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WITT, SCOTT V	
STREET ADDRESS	580 BROWARD RD	
CITY - ST - ZIP	JACKSONVILLE, FL 32218	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME Johnston, Alan D.
STREET ADDRESS 3027 S. Osceola Ave
CITY-ST-ZIP Orlando, FL 32806

TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Bogdan, Martha		
STREET ADDRESS	5526 Arlington Road		
CITY - ST - ZIP	Jacksonville, FL 32211		

TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Scott, Steven L.		
STREET ADDRESS	1600 S.E. 11th Street		
CITY-ST-ZIP	Fort Lauderdale, FL 33316		

TITLE	President Elect	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Wilkins, Paul		
STREET ADDRESS	4044 Kilmartin Drive		
CITY-ST-ZIP	Tallahassee FL 32309		

TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Martin, Sonny F.		
STREET ADDRESS	112 7th Avenue S		
CITY-ST-ZIP	Jacksonville Beach FL 32240		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SICKING OFFICER OR DIRECTOR

743-2933

2

1-18-07

Duration (hours): 4

ATTACHMENT

60013633

703895-



AMERICAN LUNG ASSOCIATION®
of Florida, Inc.

2006-2007 BOARD OF DIRECTORS

OFFICERS

President

STEVEN L. SCOTT

1600 S.E. 11th Street, Ft. Lauderdale, FL 33316
954/ 764-8460; Fax: 954/ 764-8461

President Elect

PAUL L. WILKENS, PH.D.

4044 Kilmartin Drive, Tallahassee, FL 32309-2875
850/ 893-0878

Secretary

ALAN D. JOHNSTON, M.D.

3027 S. Osceola Avenue, Orlando, FL 32806
407/ 859-0346; Cell: 407/ 739-2388

Treasurer

SONNY F. MARTIN, CPA

112 7th Avenue S., Jacksonville Beach, FL 32240
904/ 247-2312

CEO

MARTHA C. BOGDAN

5526 Arlington Road, Jacksonville, FL 32211
904/ 743-2933