

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 04, 2010
Secretary of State

DOCUMENT# 703895

Entity Name: AMERICAN LUNG ASSOCIATION OF THE SOUTHEAST, INCORPORATED**Current Principal Place of Business:**6852 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216**New Principal Place of Business:****Current Mailing Address:**6852 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216**New Mailing Address:****FEI Number:** 59-0662271**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOGDAN, MARTHA C
6852 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216 US**Name and Address of New Registered Agent:**

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

Date

OFFICERS AND DIRECTORS:

Title: COB
Name: JOHNSTON, ALAN D
Address: 3027 S. OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

Title: PCEO
Name: BOGDAN, MARTHA
Address: 6852 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: S
Name: WILLIAM, COOK MD
Address: 2845 TRICOM STREET
City-St-Zip: N. CHARLESTON, SC 29406

Title: T
Name: MARTIN, SONNY F
Address: 112 7TH AVENUE S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: CHEL
Name: WILLIAMS, MARCIA
Address: 5555 W HWY 98
City-St-Zip: PENSACOLA, FL 32507

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: WILLIE L. BYTHWOOD

CFO

03/04/2010

Electronic Signature of Signing Officer or Director

Date