

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703895

FILED
Jan 17, 2012
Secretary of State

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 (X)

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

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

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

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

Title: S
Name: GOLDBERG, ADAM ESQ.
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

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 BYTHWOOD

CFO

01/17/2012

Electronic Signature of Signing Officer or Director

Date