

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90516 022 \*\*\*\*70.00

**DOCUMENT # 703895**

1. Entity Name

**AMERICAN LUNG ASSOCIATION OF FLORIDA, INCORPORATED**



Principal Place of Business

**5526 ARLINGTON ROAD  
P.O. BOX 8127  
JACKSONVILLE FL 32211**

Mailing Address

**5526 ARLINGTON ROAD  
P.O. BOX 8127  
JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0662271**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

**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

**FILE NOW: FEE IS \$61.25**

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 **MILA, PABLO**  
STREET ADDRESS **16425 COLLINS AVE, #415**  
CITY-ST-ZIP **MIAMI FL 33160**

TITLE **SD** ☐ Delete  
NAME **DE KOFF, BELLE K**  
STREET ADDRESS **5333 COLONY COURT**  
CITY-ST-ZIP **CAPE CORAL FL 33904-5878**

TITLE **D** ☐ Delete  
NAME **KESSLER, SANDRA R**  
STREET ADDRESS **5526 ARLINGTON ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ Delete  
NAME **CURRAN, JOHN MD**  
STREET ADDRESS **12901 BRUCE B. DOWNS BLVD.**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **VP** ☐ Delete  
NAME **DUCKER, JEFF**  
STREET ADDRESS **10780 SW 129TH COURT**  
CITY-ST-ZIP **MIAMI FL 33186**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition  
NAME **DE KOFF, BELLE K**  
STREET ADDRESS **5333 COLONY COURT**  
CITY-ST-ZIP **CAPE CORAL, FL 33904-5878**

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

TITLE **SD** ☐ Change ☒ Addition  
NAME **STEVEN L. SCOTT**  
STREET ADDRESS **5230 NORTH FEDERAL HIGHWAY**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **PD** ☒ Change ☐ Addition  
NAME **DUCKER, JEFF**  
STREET ADDRESS **10780 SW 129TH COURT**  
CITY-ST-ZIP **MIAMI, FL 33186**

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

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.

SIGNATURE

*[Signature]*

1/6/03

CR2E037 (10/02)