FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705655** **(9)**

1. Corporation Name

AMERICAN LUNG ASSOCIATION OF CENTRAL FLORIDA, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2737 S FERNCREEK AVE ORLANDO FL 32806	P O BOX 568504 ORLANDO FL 32856-8504 US

3. Date Incorporated or Qualified: **05/23/1963**
3a. Date of Last Report: **03/07/1994**
4. FEI Number: **59-1007076** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WELCH, STEPHANIE A
2737 S FERNCREEK AVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	MAHAFFEY, DICK D	1.2 NAME	
STREET ADDRESS	305 TURKEY RUN	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, JOHN M	2.2 NAME	
STREET ADDRESS	648 WORTHINGTON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DANIEL B.	3.2 NAME	
STREET ADDRESS	1605 ASHER LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	NORRIS, JAMES	4.2 NAME	
STREET ADDRESS	1322 ENSENADA BLVD.	4.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	ALIDINA, LAILA, M.D.	5.2 NAME	
STREET ADDRESS	7130 SHADYWOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, HARRY B.	6.2 NAME	
STREET ADDRESS	5118 DARDEN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laila W. Alidina 4/13/95 (407) 339-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Laila W. Alidina

7056 55

AMERICAN LUNG ASSOCIATION OF CENTRAL FLORIDA
BOARD OF TRUSTEES (Cont'd)

Bell, Yvonne E, R.N.	4329 Steed Terrace	Winter Park
Blackwood, Lillian S., C.R.T.T.	2930 Sandwell Drive	Winter Park
Burke, Anthony T.	2574 N.E. 32nd Place	Ocala
Donahue, William C.	13289 CR 755	Webster
Herbst, Nathalie	716 Jamestown Blvd. #2267	Alta. Springs
Kane, Donne	2104 Venetian Way	Winter Park
Kerlin, Wiley C.	3319 S.E. 4th Street	Ocala
Lytle, J. Stephen, M.S., R.R.T.	339 Sandpiper Drive	Casselberry
Milloy, Louise C., R.N., M.S.	617 Sabal Lake Dr Apt 103	Longwood
Moore, Kathryn H., R.N.	11512 Lake Katherine Cir.	Clermont
Murphy, Susan F.	1021 Wald Road	Orlando
Myers, Myrna L.	P.O. Box 5336	Ocala
Quinn, Iris	108 McKay Blvd.	Sanford
Richardson, Chris M.	P.O. Box 550467	Orlando
Rosenberg, Celia J., R.T.P.	2112 Silver Leaf Court	Longwood
Souliere, Claire Y., R.N.C.	30245 Harris Dr.	Leesburg
Wheeler, Jean M., R.N.	1308 Windsor Avenue	Longwood