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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

707192

DOCUMENT # 707192 (1) 1. Corporation Name AMERICAN LUNG ASSOCIATION OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address												
2020 SOUTH	ANDREWS AVE DALE FL 33316	Ε.	2020 SOUTH ANDREWS AVE. FT. LAUDERDALE FL 33316									
								3. Date Incorporated 01/11/1972	or Qualified	3a.	Date of Las 02/22/	t Report 1995
2. Principal Pla	ace of Busines	S	2a. M	failing Address				4. FEI Number 59-075190	17			Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					Certificate of Status Desired		\$8 .		Not Applicable 75 Additional
22			27					5. Certificate of Statu	is Desired		4 - · ·	Required
City & State	е		28	ity & State				6. Election Campaign Trust Fund Contrib				00 May Be ed to Fees
Zip		Country		ip		ountry		8. This corporation h		intangible		
24	O Name o	5 nd Address of Current	29		30			Florida Statutes	[☐ Yes [No	
	9, Name a	no Address of Current	Register	rea Agent		81	Name	10. Name and Addre	ss of New F	Registered	J Agent	
JUST, DA	AVID R							(0.0.0				
2020 S A	andrews a	· -				82	Street Add	dress (P.O. Box Number is	Not Acceptat	ole)		
FT LAUD	DERDALE FL	33316				83						
						84	City				85 Z	ıp Code
										FI	-	
11. Pursuant t	to the provision	s of Sections 617 0502	and 617.1	508 Florida Sta	tutoe the ol	bous p	amad aaraa	ration nubasita this at the				
or register	ed agent, or bu	is of Sections 617.0502 a oth, in the State of Florida	a. Such d	nange was auth	orizea by the	bove-n	named corpo oration's boa	oration submits this stateme and of directors. I hereby ac	ent for the pur cept the app	rpose of cl ointment a	nanging its is registere	registereo onic d agent. I am
familiar wit	ed agent, or bu	is of Sections 617,0502 a oth, in the State of Florida the obligations of, Sectio	a. Such d	nange was auth	orizea by the	bove-n e corpo	named corpo oration's boa	oration submits this stateme and of directors. I hereby ac	ent for the pur scept the app	rpose of cl ointment a	nanging its is registere	registered onic d agent. I am
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joy Riddell

2/7/96 Date

(954) 524-4657

Daytime Phone #