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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 707192 (1)

1. Corporation Name

AMERICAN LUNG ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

2020 SOUTH ANDREWS AVE.
FT. LAUDERDALE FL 33316

Mailing Address

2020 SOUTH ANDREWS AVE.
FT. LAUDERDALE FL 33316-3430



3. Date Incorporated or Qualified
01/11/1972

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-0751907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUST, DAVID R
2020 S ANDREWS AVE
FT LAUDERDALE FL 33316

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RIDDELL, JOY
STREET ADDRESS 1915 N.E. 45TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ DELETE

TITLE VPD
NAME DUCKER, JEFFREY L., CPA
STREET ADDRESS 10780 S.W. 129TH COURT
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

TITLE TD
NAME SERLO, LARRY
STREET ADDRESS 100 NE 3RD AVE
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

TITLE SD
NAME SERRANO, RAUL O. J CPA
STREET ADDRESS 1065 N.E. 125TH STREET
CITY-ST-ZIP NORTH MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ~~President~~ PD
1.2 NAME Jeffrey L. Ducker
1.3 STREET ADDRESS 10780 S.W. 129 Court
1.4 CITY-ST-ZIP Miami, FL 33186

☒ Change

☐ Addition

2.1 TITLE ~~Vice President~~ VPD
2.2 NAME Steven Scott
2.3 STREET ADDRESS 5230 N. Federal Highway
2.4 CITY-ST-ZIP Light House Point, FL 33064

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE ~~Secretary~~ SD
4.2 NAME Suellyn Godino
4.3 STREET ADDRESS 5811B N. Andrews Way
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33307

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

Date

Daytime Phone # 0036485

CR2E037 (9/96)