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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:05

DOCUMENT # 710494 (6)

1. Corporation Name
AMERICAN LUNG ASSOCIATION OF SOUTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
2701 N AUSTRALIAN AVENUE WEST PALM BCH FL 33407	2701 N AUSTRALIAN AVENUE WEST PALM BCH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1966
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1143540 ☐ 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
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

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

9. Name and Address of Current Registered Agent

PFEIFER, WILLIAM J., II
2701 N. AUSTRALIAN AVENUE
W PALM BCH FL 33407

10. Name and Address of New Registered Agent

81 Name: Grant E. Martin
82 Street Address (P.O. Box Number is Not Acceptable): 2701 N Australian Ave
83
84 City: West Palm Beach FL 85 Zip Code: 33407

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: [signature] Grant E. Martin, Chief Executive Officer 1/27/95
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	M	1.1 TITLE	M	☐ Change ☐ Addition
NAME	PFEIFER, WILLIAM J.	1.2 NAME		
STREET ADDRESS	4866 BERESFORD CIRCLE	1.3 STREET ADDRESS	Grant E. Martin 1198 Mulberry Place	
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	Wellinton FL 33414	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	STEINHAUER, IRVINS W. JR	2.2 NAME		
STREET ADDRESS	5675 SW MAPP RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTZ, FRED	3.2 NAME		
STREET ADDRESS	4780 SHERWOOD FOREST BLD	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	P	☒ Change ☐ Addition
NAME	FOLDEN, SUSAN L.	4.2 NAME		
STREET ADDRESS	798 NE 35TH ST	4.3 STREET ADDRESS	Susan L. Folden 88 SW 10 Ave	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	NICOLETTI, PAULA P., RPT	5.2 NAME		
STREET ADDRESS	946 S PATRICK CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	DOWLING, JAMES	6.2 NAME		
STREET ADDRESS	119 COCO LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	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: Susan L. Folden 1/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048184