

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 710494 (6)

1. Corporation Name

AMERICAN LUNG ASSOCIATION OF SOUTHEAST FLORIDA,  
INC.

Principal Place of Business

2701 N AUSTRALIAN AVENUE  
WEST PALM BCH FL 33407

Mailing Address

2701 N AUSTRALIAN AVENUE  
WEST PALM BCH FL 33407



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

|   |                                |
|---|--------------------------------|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 03/09/1966  | 02/10/1995                     |
| 4. FEI Number   | Applied For                    |
| 59-1143540  | Not Applicable                 |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/>   |                                |
| 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| <input type="checkbox"/>  |                                |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                |                                |

9. Name and Address of Current Registered Agent

MARTIN, GRANT E  
2701 N AUSTRALIAN AVE  
W PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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

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]* Chief Executive Officer DATE: 2/16/96

12. OFFICERS AND DIRECTORS

|                 |                          |  |
|-----------------|--------------------------|--|
| TITLE           | M                        | <input checked="" type="checkbox"/> DELETE |
| NAME            | MARTIN, GRANT E          |  |
| STREET ADDRESS  | 1198 MULBERRY PLACE      |  |
| CITY - ST - ZIP | WELLINGTON FL            |  |
| TITLE           | D                        | <input checked="" type="checkbox"/> DELETE |
| NAME            | STEINHAUER, IRVINS W. JR |  |
| STREET ADDRESS  | 5675 SW MAPP RD          |  |
| CITY - ST - ZIP | PALM CITY FL             |  |
| TITLE           | V                        | <input checked="" type="checkbox"/> DELETE |
| NAME            | SCHULTZ, FRED            |  |
| STREET ADDRESS  | 4780 SHERWOOD FOREST BLD |  |
| CITY - ST - ZIP | LAKE WORTH FL            |  |
| TITLE           | P                        | <input type="checkbox"/> DELETE            |
| NAME            | FOLDEN, SUSAN L          |  |
| STREET ADDRESS  | 88 SW 10 AVE             |  |
| CITY - ST - ZIP | BOCA RATON FL            |  |
| TITLE           | D                        | <input checked="" type="checkbox"/> DELETE |
| NAME            | NICOLETTI, PAULA P., RPT |  |
| STREET ADDRESS  | 946 S PATRICK CIR        |  |
| CITY - ST - ZIP | W. PALM BCH. FL          |  |
| TITLE           | TD                       | <input checked="" type="checkbox"/> DELETE |
| NAME            | DOWLING, JAMES           |  |
| STREET ADDRESS  | 119 COCO LANE            |  |
| CITY - ST - ZIP | JUPITER FL               |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                              |  |
|---------------------|------------------------------|--|
| 1.1 TITLE           | M                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | James H. Sugarman            |  |
| 1.3 STREET ADDRESS  | 74 Baytree Lane              |  |
| 1.4 CITY - ST - ZIP | Lantana FL 33462             |  |
| 2.1 TITLE           | D                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            | Alexander Myers, Esq.        |  |
| 2.3 STREET ADDRESS  | 3227 Embassy Dr              |  |
| 2.4 CITY - ST - ZIP | West Palm Beach FL 33401     |  |
| 3.1 TITLE           | V                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            | Mary McNicholas Sluggett     |  |
| 3.3 STREET ADDRESS  | 25 Seminole Pratt-Whitney Rd |  |
| 3.4 CITY - ST - ZIP | Loxahatchee FL 33470         |  |
| 4.1 TITLE           |                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | Folden, Susan L.             |  |
| 4.3 STREET ADDRESS  | 800 NE 39 St                 |  |
| 4.4 CITY - ST - ZIP | Boca Raton FL 33431          |  |
| 5.1 TITLE           | D                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            | Alfred Grasso                |  |
| 5.3 STREET ADDRESS  | 2856 Dunlin Rd               |  |
| 5.4 CITY - ST - ZIP | Delray Beach FL 33444        |  |
| 6.1 TITLE           | TD                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            | Bernerd Kurit                |  |
| 6.3 STREET ADDRESS  | 3125 Embassy Dr              |  |
| 6.4 CITY - ST - ZIP | West Palm Beach FL 33401     |  |

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)(k), 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]* Bernerd Kurit DATE: 2/16/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer

CR2E037 (12/95)