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Feb 26 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 # 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 33407-4526



3. Date Incorporated or Qualified
03/09/1966

3a. Date of Last Report
02/21/1996

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

59-1143540

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

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

SUGARMAN, JAMES H
2701 NORTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33407

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

2/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE M ☐ DELETE

NAME SUGARMAN, JAMES H
STREET ADDRESS 74 BAYTREE LANE
CITY-ST-ZIP LANTANA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MYERS, ESQ A
STREET ADDRESS 3227 EMBASSY DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

1.2 NAME ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME SLUGGETT, MARY M
STREET ADDRESS 25 SEMINOLE PRATT-WHITNEY ROAD
CITY-ST-ZIP LOXAHATCHEE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME FOLDEN, SUSAN L
STREET ADDRESS 800 NE 39TH STREET
CITY-ST-ZIP BOCA RATON FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GRASSO, ALFREDO
STREET ADDRESS 2856 DUNLIN ROADVE
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME KURIT, BERNARD
STREET ADDRESS 3125 EMBASSY DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

2.2 NAME ☐ 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:

Bernard Kurit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040405

CR2E037 (9/96)