

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

03/09/1966

4. FEI Number

59-1143540

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	M	<input type="checkbox"/> DELETE
NAME	SUGARMAN, JAMES H	
STREET ADDRESS	74 BAYTREE LANE	
CITY-ST-ZIP	LANTANA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MYERS, ESQ A	
STREET ADDRESS	3227 EMBASSY DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SLUGGETT, MARY M	
STREET ADDRESS	25 SEMINOLE PRATT-WHITNEY ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	FOLDEN, SUSAN L	
STREET ADDRESS	800 NE 39TH STREET	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRASSO, ALFREDO	
STREET ADDRESS	2856 DUNLIN ROADVE	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KURIT, BERNERO	
STREET ADDRESS	3125 EMBASSY DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	248 N Country ClubDr
1.4 CITY-ST-ZIP	Atlantis FL 33462

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Bernard Kurit
6.4 CITY-ST-ZIP	

14. I 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 Treas

CR2E037 (10/97)