

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90010 024 ****70.00

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DOCUMENT # 710494

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/09/1966

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **M** ☐ DELETE
NAME **SUGARMAN, JAMES H**
STREET ADDRESS **74 BAYTREE LANE**
CITY-ST-ZIP **LANTANA FL**

TITLE **D** ☐ DELETE
NAME **MYERS, ESQ A**
STREET ADDRESS **3227 EMBASSY DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **V** ☐ DELETE
NAME **SLUGGETT, MARY M**
STREET ADDRESS **25 SEMINOLE PRATT-WHITNEY ROAD**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **P** ☐ DELETE
NAME **FOLDEN, SUSAN L**
STREET ADDRESS **800 NE 39TH STREET**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE
NAME **GRASSO, ALFREDO**
STREET ADDRESS **2856 DUNLIN ROADVE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **TD** ☐ DELETE
NAME **BERNERD KEUIT**
STREET ADDRESS **3125 EMBASSY DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **M** ☒ Change ☐ Addition
1.2 NAME **James H. Sugarman**
1.3 STREET ADDRESS **248 N country Club Dr**
1.4 CITY-ST-ZIP **Atlantis FL 33462**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Myers, Alexander Sandy**
2.3 STREET ADDRESS **3227 EmbassyDr**
2.4 CITY-ST-ZIP **West Palm Beach FL 33433401**

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **Sluggett, Mary M.**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Folden, Susan L.**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)