

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 FEB 13 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712449 (8)

1. Corporation Name

**AMERICAN LUNG ASSOCIATION OF GULFCOAST FLORIDA,
INC.**

Principal Place of Business

Mailing Address

6160 CENTRAL AVENUE
ST. PETERSBURG FL 33707

6160 CENTRAL AVENUE
ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1967

3a. Date of Last Report

01/25/1994

4. FEI Number

59-1161671

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHANCELLOR, JOHN L JR
14500 BAY HILLS DR N
LARGO FL 34644

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

CURAN, JOHN S M.D.

STREET ADDRESS

3113 W. OAKLYN DR.

CITY-ST-ZIP

TAMPA FL

1.1 TITLE

P

1.2 NAME

Smith, William C.

1.3 STREET ADDRESS

2350 W. 1st St., #206

1.4 CITY-ST-ZIP

Ft. Myers, FL 33901

☒ Change ☐ Addition

TITLE

V

NAME

SEIDLER, IRA M

STREET ADDRESS

770 FIRST AVE. N.

CITY-ST-ZIP

ST. PETERSBURG FL

2.1 TITLE

V

2.2 NAME

Cheney, Richard C.

2.3 STREET ADDRESS

1826 6th St. S.E.

2.4 CITY-ST-ZIP

Winter Haven, FL 33880

☒ Change ☐ Addition

TITLE

PE

NAME

SMITH, WILLIAM C.

STREET ADDRESS

2350 W. FIRST ST., #208

CITY-ST-ZIP

FT. MYERS FL

3.1 TITLE

PE

3.2 NAME

Seidler, Ira M.

3.3 STREET ADDRESS

770 First Ave. N.

3.4 CITY-ST-ZIP

St. Petersburg, FL 33701

☒ Change ☐ Addition

TITLE

S

NAME

ANNIS, LUNDA M.

STREET ADDRESS

4903 NEW PROVIDENCE RD.

CITY-ST-ZIP

TAMPA FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

T

NAME

MURPHY, JAY C

STREET ADDRESS

CCH, PO BOX 150010

CITY-ST-ZIP

CAPE CORAL FL

5.1 TITLE

T

5.2 NAME

Keenan, Brian P. - Barnett Bank

5.3 STREET ADDRESS

240 S. Pineapple Ave.

5.4 CITY-ST-ZIP

Sarasota, FL 34230

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

See attached page for listing
of additional Directors

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 member 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:

Ira M. Seidler

Ira M. Seidler

January 20, 1995 813/347-6133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number



**Fight Lung Disease
With Christmas Seals®**

John L. Chancellor, Jr.
Chief Executive Officer

6160 Central Avenue
St. Petersburg, FL 33707
(813) 347-6133
(800) 771-5863
Fax: (813) 345-0287

ADDENDUM TO BLOCK 13

7.1 TITLE	D
7.2 NAME	Wilson, Mary Jane
7.3 STREET ADDRESS	1460 Oak Hill Dr., #101
7.4 CITY-ST-ZIP	Dunedin, FL 34698
8.1 TITLE	D
8.2 NAME	James, Thomas H., Jr.
8.3 STREET ADDRESS	745 White Sand Dr. N.E.
8.4 CITY-ST-ZIP	St. Petersburg, FL 33703
9.1 TITLE	D
9.2 NAME	Richard A. Cunningham, Ed.D.
9.3 STREET ADDRESS	37654 Fountain Rd.
9.4 CITY-ST-ZIP	Zephyrhills, FL 33541

**When You Can't
Breathe,
Nothing Else
Matters®**

Founded in 1904, the
American Lung Association
includes affiliated
associations throughout
the U.S., and a medical section,
the American Thoracic
Society.

American Lung Association of Gulfcoast Florida - Corporate Office