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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 06 1996 8:00 am
Secretary of State

DOCUMENT # 712449 (8)

1. Corporation Name

AMERICAN LUNG ASSOCIATION OF GULFCOAST FLORIDA, INC.

Principal Place of Business

**6160 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

Mailing Address

**6160 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

3. Date Incorporated or Qualified

03/20/1967

3a. Date of Last Report

02/13/1995

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 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 NAME ☐ DELETE

**P
SMITH, WILLIAM C
2350 W 1ST ST #206
FT MYERS FL 33901**

TITLE NAME ☐ DELETE

**V
CHENEY, RICHARD C
1826 6TH ST SE
WINTER HAVEN FL 33880**

TITLE NAME ☐ DELETE

**PE
SEIDLER, IRA M.
770 FIRST AVE N
ST PETERSBURG FL 33701**

TITLE NAME ☐ DELETE

**D
WILSON, MARY JANE
1460 OAK HILL DR #101
DUNEDIN FL 34698**

TITLE NAME ☐ DELETE

**D
JAMES, THOMAS H JR.
745 WHITE SAND DR NE
ST PETERSBURG FL 33703**

TITLE NAME ☐ DELETE

**D
CUNNINGHAM, RICHARD A., ED.D
37654 FOUNTAIN RD
ZEPHYRHILLS FL 33541**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition

**12 NAME
Seidler, Ira M.
13 STREET ADDRESS
770 First Avenue North
14 CITY - ST - ZIP
St. Petersburg, FL 33701**

21 TITLE V ☒ Change ☐ Addition

**22 NAME
Isley, Joseph K., Jr., M.D.
23 STREET ADDRESS
11550 McGregor Blvd.
24 CITY - ST - ZIP
Ft. Myers, FL 33919**

31 TITLE PE ☒ Change ☐ Addition

**32 NAME
Bloom, Frederick L., M.D.
33 STREET ADDRESS
2650 Bahia Vista, Ste. 304
34 CITY - ST - ZIP
Sarasota, FL 34239**

41 TITLE ☐ Change ☐ Addition

**42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP**

51 TITLE ☐ Change ☐ Addition

**52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP**

61 TITLE ☐ Change ☐ Addition

**62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP**

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 I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

Date

813/821-6640

Daytime Phone #

CR2E037 (12/95)