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FILED

Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 712449 (8)

1. Corporation Name

AMERICAN LUNG ASSOCIATION OF GULF COAST FLORIDA,  
INC.

Principal Place of Business

Mailing Address

6160 CENTRAL AVENUE  
ST. PETERSBURG FL 337076160 CENTRAL AVENUE  
ST. PETERSBURG FL 33707-15233. Date Incorporated or Qualified  
03/20/19673a. Date of Last Report  
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1161671

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

□ Yes

X No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PE ☐ DELETE  
NAME BLOOM, FREDERICK L MD  
STREET ADDRESS 2650 BAHIA VISTA, SUITE 304  
CITY-ST-ZIP SARASOTA FL1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE V ☐ DELETE  
NAME ISLEY, JOSEPH K JR  
STREET ADDRESS 11550 MCGREGOR BLVD  
CITY-ST-ZIP FT. MYERS FL2.1 TITLE President-Elect ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE P ☐ DELETE  
NAME SEIDLER, IRA M.  
STREET ADDRESS 770 FIRST AVE N  
CITY-ST-ZIP ST PETERSBURG FL3.1 TITLE Director ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME WILSON, MARY JANE  
STREET ADDRESS 1460 OAK HILL DR #101  
CITY-ST-ZIP DUNEDIN FL 346984.1 TITLE Vice President ☐ Change ☒ Addition  
4.2 NAME Schnapf, Bruce M., D.O.  
4.3 STREET ADDRESS 17 Davis Blvd., Ste. 200  
4.4 CITY-ST-ZIP Tampa, FLTITLE D ☐ DELETE  
NAME JAMES, THOMAS H JR.  
STREET ADDRESS 745 WHITE SAND DR NE  
CITY-ST-ZIP ST PETERSBURG FL 337035.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME CUNNINGHAM, RICHARD A., ED.D  
STREET ADDRESS 37654 FOUNTAIN RD  
CITY-ST-ZIP ZEPHYRHILLS FL 335416.1 TITLE Director ☐ Change ☒ Addition  
6.2 NAME Annis, Linda  
6.3 STREET ADDRESS 4903 New Providence Rd.  
6.4 CITY-ST-ZIP Tampa, FL 33629

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050329

CR2E037 (9/96)