

FILE NOW: FILING FEE IS \$61.25

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Feb 16 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 # 712449 (8)
1. Corporation Name
AMERICAN LUNG ASSOCIATION OF GULFCOAST FLORIDA, INC.

Principal Place of Business 6180 CENTRAL AVENUE ST. PETERSBURG FL 33707	Mailing Address 6180 CENTRAL AVENUE ST. PETERSBURG FL 33707
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2. Principal Place of Business 21 6170 Central Avenue Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip Country 24 33707 25 USA	2a. Mailing Address 26 6170 Central Avenue Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip Country 29 33707 30 USA
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3. Date Incorporated or Qualified 03/20/1967	4. FEI Number 59-1161671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

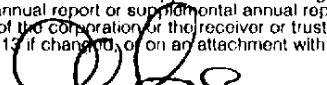
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PE	<input checked="" type="checkbox"/> DELETE
NAME	BLOOM, FREDERICK L MD	
STREET ADDRESS	2850 BAHIA VISTA, SUITE 304	
CITY - ST - ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ISLEY, JOSEPH K JR	
STREET ADDRESS	11550 MCGREGOR BLVD	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SEIDLER, IRA M.	
STREET ADDRESS	770 FIRST AVE N	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, MARY JANE	
STREET ADDRESS	1460 OAK HILL DR #101	
CITY - ST - ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, THOMAS H JR.	
STREET ADDRESS	745 WHITE SAND DR NE	
CITY - ST - ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, RICHARD A., ED.D	
STREET ADDRESS	37654 FOUNTAIN RD	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	

1.1 TITLE	PE/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DeKoff, Belle K.	
1.3 STREET ADDRESS	5333 Colony Court	
1.4 CITY - ST - ZIP	Cape Coral, FL 33904	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	5420 Central Avenue	
3.4 CITY - ST - ZIP	St. Petersburg, FL 33707	
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Schnapf, Bruce M. D.O.	
4.3 STREET ADDRESS	17 Davis Blvd. #200	
4.4 CITY - ST - ZIP	Tampa, FL 33606	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cheney, Richard C.	
5.3 STREET ADDRESS	1826 Sixth Street S.E.	
5.4 CITY - ST - ZIP	Winter Haven, FL 33880	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Nelson, Betty	
6.3 STREET ADDRESS	5130 S.W. 2nd Place	
6.4 CITY - ST - ZIP	Cape Coral, FL 33914	

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:  **Ira M. Seidler, Director** 2/6/98 813/323-2001

CR2E037 (10/97)