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Secretary of State

03-08-1999 90041 043 ****70.00

SECRET

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712449

1. Corporation Name
AMERICAN LUNG ASSOCIATION OF GULFCOAST FLORIDA, INC.

Principal Place of Business 6170 CENTRAL AVE ST. PETERSBURG FL 33707 US	Mailing Address 6170 CENTRAL AVE ST. PETERSBURG FL 33707 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 03/20/1967 4. FEI Number 59-116167-1 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
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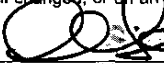
9. Name and Address of Current Registered Agent CHANCELLOR, JOHN L JR 14500 BAY HILLS DR N LARGO FL 34644	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PED <input type="checkbox"/> DELETE NAME DEKOFF, BELLE K STREET ADDRESS 5333 COLONY COURT CITY-ST-ZIP CAPE CORAL FL 33904	<input type="checkbox"/> DELETE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DeKoff, Belle K. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD <input checked="" type="checkbox"/> DELETE NAME ISLEY, JOSEPH K JR STREET ADDRESS 11550 MCGREGOR BLVD CITY-ST-ZIP FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Ademy, Bebe 2.3 STREET ADDRESS 6676 11th Avenue N. 2.4 CITY-ST-ZIP St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> DELETE NAME SEIDLER, IRA M. STREET ADDRESS 5420 CENTRAL AVE CITY-ST-ZIP ST PETERSBURG FL 33707	<input type="checkbox"/> DELETE	3.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Seidler, Ira M. 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD <input checked="" type="checkbox"/> DELETE NAME SCHNAPF, BRUCE M D.O. STREET ADDRESS 17 DAVIS BLVD, #200 CITY-ST-ZIP TAMPA FL 33606	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Haines, Lynn RRT-Manatee Comm. College 4.3 STREET ADDRESS P.O. Box 1849 4.4 CITY-ST-ZIP Bradenton, FL 34206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D <input type="checkbox"/> DELETE NAME CHENEY, RICHARD C STREET ADDRESS 1826 SIXTH STREET S.E. CITY-ST-ZIP WINTER HAVEN FL 33880	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> DELETE NAME NELSON, BETTY STREET ADDRESS 5130 S.W. 2ND PLACE CITY-ST-ZIP CAPE CORAL FL 33914	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Seidler** 2/25/99 727/347-6133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)