

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712449

1. Entity Name

AMERICAN LUNG ASSOCIATION OF GULFCOAST FLORIDA,

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90186 002 ****70.00

Principal Place of Business

Mailing Address

6170 CENTRAL AVE
 ST. PETERSBURG FL 33707
 US

6170 CENTRAL AVE
 ST. PETERSBURG FL 33707-1523
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1161671

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME DEKOFF, BELLE K
 STREET ADDRESS 5333 COLONY COURT
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VD Change Additio
 NAME Thomas, Charles (Carlos), c/o Gordon Da
 STREET ADDRESS 4025 Tampa Road, #118
 CITY-ST-ZIP Oldsmar, FL 34677 Inc.

TITLE PED Delete
 NAME ADEMY, BEBE
 STREET ADDRESS 6676 11TH AVENUE N.
 CITY-ST-ZIP FT-MYERS-FL-33710

TITLE PD Change Additio
 NAME
 STREET ADDRESS St. Petersburg, FL
 CITY-ST-ZIP

TITLE TD Delete
 NAME SEIDLER, IRA M.
 STREET ADDRESS 5420 CENTRAL AVE
 CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME HAINES, LYNN
 STREET ADDRESS P.O. BOX 1849
 CITY-ST-ZIP BRADENTON FL 34206

TITLE PED Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME CHENEY, RICHARD C
 STREET ADDRESS 1826 SIXTH STREET S.E.
 CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME NELSON, BETTY
 STREET ADDRESS 5130 S.W. 2ND PLACE
 CITY-ST-ZIP CAPE CORAL FL 33914

TITLE SD Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John L. Chancellor
 John L. Chancellor, Jr., CEO

Ira M. Seidler

1/19/00

727/323-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer/Director

Date

Daytime Phone #