FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733812 (2)

1. Corporation Name

ALS ASSOCIATION- SOUTHERN FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
1020 COUNTRY CLUB DR. BOX 4651 MARGATE FL 33063	1020 COUNTRY CLUB DR. BOX 4651 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1975
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1647857 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1020 Country Club Dr.	26
Suite, Apt. #, etc. 22 P.O.Box 934651	Suite, Apt. #, etc. 27
City & State 23 Margate, Fl.	City & State 28
Zip / Country 24 33093-4651 25	Zip / Country 29 30

9. Name and Address of Current Registered Agent

LILLIAN MOSKOWITZ
1020 COUNTRY CLUB DR.
MARGATE FL 33063

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MOSKOWITZ, LILLIAN	1.2 NAME		
STREET ADDRESS	1020 COUNTRY CLUB DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LOWENBERG, IRENE	2.2 NAME		
STREET ADDRESS	3303 ARUBA WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GENTILE, ELEANOR	3.2 NAME		
STREET ADDRESS	1055 COUNTRY CLUB DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 00000	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Lillian Moskowitz - Lillian Moskowitz 4/17/95 305-971-6427
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008150