

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 20 1997 8:00am
Secretary of State

DOCUMENT # 733812

1. Corporation Name

ALS ASSOCIATION-SOUTHERN FLORIDA CHPATER, INC.

Principal Place of Business

Mailing Address

1020 Country Club Dr. 1020 Country Club Dr.
P.O.Box 934651
Margate, Fl. 33093-4651

3. Date Incorporated or Qualified

3a. Date of Last Report

9/12/75

4. FEI Number

Applied For

59-1647857

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

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.

Suite, Apt. #, etc.

22 P - 107 (P.O. BOX 4651)

27

City & State

City & State

23 Margate, Fl. 33093

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LILLIAN MOSKOWITZ
1020 Country Club Dr.
Margate, Fl. 33093

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

Phyllis Cowan

5/28/97

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME MOSKOWITZ, LILLIAN "D"

1.2 NAME TREASURER

STREET ADDRESS 1020 Country Club Dr.

1.3 STREET ADDRESS Cowan, Phyllis "T"

CITY-ST-ZIP 1020 Country Club Dr.

1.4 CITY-ST-ZIP 1020 Country Club Dr.

Margate, Fl. 33093 ☐ DELETE

2.1 TITLE Margate, Fl. 33063 ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE TREASURER ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME LOWENBERG, IRENE

3.2 NAME

STREET ADDRESS 3309 Aruba Way

3.3 STREET ADDRESS

CITY-ST-ZIP Coconut Creek, Fl. 33066 ☐ DELETE

3.4 CITY-ST-ZIP

NAME

4.1 TITLE

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE SECRETARY

4.4 CITY-ST-ZIP

NAME Gentile, Eleanor "T"

5.1 TITLE

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP 1055 Country Club Dr.

5.3 STREET ADDRESS

Margate, Fl. 33093 ☐ DELETE

5.4 CITY-ST-ZIP

NAME

6.1 TITLE

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

TITLE

6.4 CITY-ST-ZIP

NAME

700002219717

STREET ADDRESS

-06/23/97--01087--005

CITY-ST-ZIP

***70.00

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:

Lillian Moskowitz - Lillian Moskowitz

5/6/97

954-971-6427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)