

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **733812** (2)  
1. Corporation Name  
**ALS ASSOCIATION- SOUTHERN FLORIDA CHAPTER, INC.**



Principal Place of Business <b>1020 COUNTRY CLUB DR. P-107 (P.O. BOX 93-4651) MARGATE FL 33093 US</b>		Mailing Address <b>1020 COUNTRY CLUB DR. MARGATE FL 33093</b>		3. Date Incorporated or Qualified <b>09/12/1975</b>	
				4. FEI Number <b>59-1647857</b>	
2. Principal Place of Business 21 <b>1020 COUNTRY CLUB DR.</b> Suite, Apt. #, etc. 22 <b>P-107 (P.O. BOX-93-4651)</b> City & State 23 <b>MARGATE, FL 33093</b> Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 <b>LILLIAN MOSKOWITZ 1020 COUNTRY CLUB DR. MARGATE FL 33093</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
--	--	---	--

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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, LILLIAN	1.2 NAME	<b>ZIP CODE FOR LILLIAN MOSKOWITZ is 33093</b>
STREET ADDRESS	1020 COUNTRY CLUB DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, PHYLLIS	2.2 NAME	<b>SAME FOR PHYLLIS COWAN</b>
STREET ADDRESS	1020 COUNTRY CLUB DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33093	2.4 CITY-ST-ZIP	<b>33093</b>
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTILE, ELEANOR	3.2 NAME	<b>SAME FOR ELEANOR GENTILE</b>
STREET ADDRESS	1055 COUNTRY CLUB DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33093	3.4 CITY-ST-ZIP	<b>33093</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Lillian Moskowitz** LILLIAN MOSKOWITZ 954-971-6427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028340

CR2E037 (10/97)