

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004945

FILED
Apr 30, 2012
Secretary of State

Entity Name: ALPHA-1 ANTITRYPSIN DEFICIENCY ASSOCIATION INC.

Current Principal Place of Business:

2937 S.W. 27TH AVENUE
SUITE 106
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2937 S.W. 27TH AVENUE
SUITE 106
MIAMI, FL 33133

New Mailing Address:

FEI Number: 41-1712790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERVEN, MARLENE S
2937 S.W. 27TH AVENUE
SUITE 106
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ERVEN, MARLENE S
Address: 2937 S.W. 27TH AVENUE
City-St-Zip: MIAMI, FL 33133

Title: C
Name: BENSON, KENNETH
Address: 22621 ENADIA WAY
City-St-Zip: WEST HILLS, CA 91307

Title: VC
Name: CHILDRESS, JEN
Address: 2846 N. 74TH STREET
City-St-Zip: MILWAUKEE, WI 53210

Title: T
Name: MOEHRING, HENRY
Address: 18109 PARRECO FARM DR
City-St-Zip: GERMANTOWN, MD 20874

Title: S
Name: WITCHER, DELL
Address: 409 VESCLUB LANE
City-St-Zip: VESTAVIA HILLS, AL 35216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARLENE S. ERVEN

D

04/30/2012

Electronic Signature of Signing Officer or Director

Date