

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90066 033 ****61.25

DOCUMENT # N02000005459

1. Entity Name

A.L.S. RESEARCH FOUNDATION OF SOUTH FLORIDA, INC.



Principal Place of Business

19402 CHAPEL CREEK DRIVE
BOCA RATON FL 33434

Mailing Address

19402 CHAPEL CREEK DRIVE
BOCA RATON FL 33434

2. Principal Place of Business-

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

55-0787761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, ALLEN
19402 CHAPEL CREEK DRIVE
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, JACK	
STREET ADDRESS	19939 BOCA WEST DRIVE #3153	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSON, ALLEN	
STREET ADDRESS	19402 CHAPEL CREEK DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLLINS, ANTHONY	
STREET ADDRESS	19301 CEDAR GLEN DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECTER, PHILIP	
STREET ADDRESS	19612 PLANTERS POINT DR	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRSCH, HOWARD	
STREET ADDRESS	7 STONEHEDGE TERR	
CITY - ST - ZIP	LIVINGSTON NJ 07039	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPS, JULIAN	
STREET ADDRESS	19622 BAY COVE DR	
CITY - ST - ZIP	BOCA RATON FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL SNEIDER	
STREET ADDRESS	7437 HAHAGONY BEND PL	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETH SCHWARTZ	
STREET ADDRESS	19517 PLANTERS POINT DR	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Allen Jacobson Allen Jacobson

1/27/04 1/27/04

561-487-5156 561-487-5156