

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90043 034 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

55-0787761

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, ALLEN  
19402 CHAPEL CREEK DRIVE  
BOCA RATON FL 33434

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME BERNSTEIN, JACK  
STREET ADDRESS 19939 BOCA WEST DRIVE #3153  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition  
NAME SCHWARTZ, BETH  
STREET ADDRESS 19517 PLANTERS POINT DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE D ☐ Delete  
NAME JACOBSON, ALLEN  
STREET ADDRESS 19402 CHAPEL CREEK DRIVE  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition  
NAME SWEIDER, MICHAEL  
STREET ADDRESS 7437 MAHOGANY BEND PLACE  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE D ☐ Delete  
NAME WOLLINS, ANTHONY  
STREET ADDRESS 19301 CEDAR GLEN DRIVE  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition  
NAME WEISMAN, JOEL  
STREET ADDRESS 19527 BAYVIEW RD  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE D ☐ Delete  
NAME DECTER, PHILIP  
STREET ADDRESS 19612 PLANTERS POINT DR  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HIRSCH, HOWARD  
STREET ADDRESS 7 STONEHENGE TERR  
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHAPS, JULIAN  
STREET ADDRESS 19622 BAY COVE DR  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ 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:

*Anthony Wollins - Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/05  
Date

561-457-0110  
Daytime Phone #