FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 22 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22299 (4)

1. Corporation Name
THE ALS ASSOCIATION TAMPA BAY CHAPTER INC.

Principal Place of Business	Mailing Address
P O BOX 22314 2209 MARGARET ELAINE AVE. TAMPA FL 33622-314 US	201 E. LAKE AVE 2209 MARGARET ELAINE AVE. AUBURNDALE FL 33823-998 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1987
3a. Date of Last Report: 04/28/1994
4. FEI Number: 13-3271855 ☐ Applied For ☑ Not Applicable

2. Principal Place of Business 21: P.O. Box 22314	2a. Mailing Address 26: P.O. Box 22314
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: TAMPA FL	City & State 28: TAMPA FL
Zip 24: 33622-2314 Country 25: USA	Zip 29: 33622-2314 Country 30: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPRAGUE, PAUL D. 201 E LAKE AVE AUBURNDALE FL 33823	81 Name: LAURA HENLEY 82 Street Address (P.O. Box Number is Not Acceptable): 3906 DeLeon St. 83: 84 City: TAMPA FL 85 Zip Code: 33609-4415

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Laura Henley — 3-2-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where title is listed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HENLEY, LAURA	12 NAME		
STREET ADDRESS	3906 DELEON STREET	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	GALLAHER, MIBS	22 NAME	HAROLD ALDRICH	
STREET ADDRESS	7201 LYNNWOOD AVE. N.	23 STREET ADDRESS	10410 N. 50th St	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	TAMPA FL 33617	
TITLE	SD	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	SPRAGUE, PAUL D.	32 NAME	Sharon ANDERSON	
STREET ADDRESS	2209 MARGARET ELAINE AVE	33 STREET ADDRESS	6882 62nd Ave N	
CITY-ST-ZIP	SEFFNER FL	34 CITY ST ZIP	PINELLAS PARK FL 34665	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	VETRANO, MIDGE	42 NAME		
STREET ADDRESS	7607 W. HANNA	43 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BECKER, HAROLD	52 NAME		
STREET ADDRESS	96 COUNTRY CLUB DRIVE	53 STREET ADDRESS		
CITY ST ZIP	PLANT CITY FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SCOTT, DON	62 NAME		
STREET ADDRESS	5018 KIWANIS PL, NE	63 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL	64 CITY ST ZIP		3/24

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Laura Henley — LAURA HENLEY — 3-2-95 — 877-0314
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0057480