

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22299** (4)
1. Corporation Name
THE ALS ASSOCIATION TAMPA BAY CHAPTER INC.



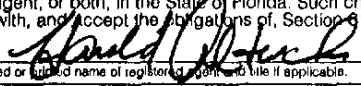
Principal Place of Business P.O. BOX 22314 TAMPA FL 33622-2314 US	Mailing Address P.O. BOX 22314 TAMPA FL 33622-2314 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7650 Courtney Campbell Causeway Suite, Apt. #, etc. 22 1150 City & State 23 Tampa, FL Zip 24 33607	2a. Mailing Address 25 7650 Courtney Campbell Causeway Suite, Apt. #, etc. 26 1150 City & State 27 Tampa, FL Zip 28 33607 Country 29 Hillsborough	3. Date Incorporated or Qualified 08/31/1987	3a. Date of Last Report 01/25/1996	4. FEI Number 13-3271855	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent HENLEY, LAURA 3906 DELEON ST. TAMPA FL 33609		10. Name and Address of New Registered Agent			

81 Name Harold ALDRICH, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable) ALS Association
83 7650 Courtney Campbell Causeway #1150
84 City Tampa
85 Zip Code FL 33607

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  **29 Aug '97**
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 1997	
TITLE PD	☒ DELETE	1.1 TITLE PRESIDENT - Bd of Dir.	☐ Change ☒ Addition
NAME HENLEY, LAURA		1.2 NAME ALDRICH, Harold	
STREET ADDRESS 3906 DELEON STREET		1.3 STREET ADDRESS ALS - 7650 Courtney Campbell Causeway	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP #1150 Tampa, FL 33607	
TITLE VP	☒ DELETE	2.1 TITLE DAVID SMITH - V.P.	☐ Change ☒ Addition
NAME ALDRICH, HAROLD		2.2 NAME 712 S. Oregon	
STREET ADDRESS 10410 N 50TH ST		2.3 STREET ADDRESS Tampa, FL 33606	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE TD	☒ DELETE	3.1 TITLE TREASURER	☐ Change ☒ Addition
NAME ANN SMITH		3.2 NAME BIAH G. Mills	
STREET ADDRESS 5123 W. SAN JOSE ST.		3.3 STREET ADDRESS USF - St. Petersburg - Ethics Center	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP 100 5th Ave S. St. Petersburg, FL 33701-5016	
TITLE D	☒ DELETE	4.1 TITLE Executive Director	☐ Change ☒ Addition
NAME BECKER, HAROLD		4.2 NAME CHERYL SMALL	
STREET ADDRESS 96 COUNTRY CLUB DRIVE		4.3 STREET ADDRESS 7650 Courtney Campbell Causeway - #1150	
CITY-ST-ZIP PLANT CITY FL		4.4 CITY-ST-ZIP Tampa, FL 33607	
TITLE D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME SCOTT, DON		5.2 NAME	
STREET ADDRESS 5618 KIWANIS PL, NE		5.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 (changed or not) in an attachment with an address.

SIGNATURE  **8/12/97 (8/12/97) - C**
SIGNATURE REQUIRED

CR2E037 (4/97)