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

DOCUMENT # **N22299** **(4)**

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

Principal Place of Business	Mailing Address
P.O. BOX 22314 TAMPA FL 33622-2314 US	P.O. BOX 22314 TAMPA FL 33622-2314 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1987
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21: 7650 Courtney Campbell Causeway
22 Suite, Apt. #, etc.: 1150
23 City & State: Tampa FL
24 Zip: 33607
25 Country: Hillsborough

2a. Mailing Address
26: 7650 Courtney Campbell Causeway
27 Suite, Apt. #, etc.: 1150
28 City & State: Tampa, FL
29 Zip: 33607
30 Country: Hillsborough

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 FL 85 Zip Code: 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: Harold Aldrich 29 Jan '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 12		
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 #1150	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	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	BLAIR 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, ALS.	
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		

CR2E037 (4/97)

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 if changed, or on an attachment with an address.

SIGNATURE REQUIRED 8/28/97