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05-04-1999 90072 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22299

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

Principal Place of Business	Mailing Address
7650 COUNTRY CAMPBELL CAUSEWAY #1150 TAMPA FL 33607 US	7650 COUNTRY CAMPBELL CAUSEWAY #1150 TAMPA FL 33607 US

2. Principal Place of Business	2a. Mailing Address
21 3641 W. Kennedy Blvd.	26 3641 W. Kennedy Blvd.
Suite, Apt. #, etc. 22 Ste. #C	Suite, Apt. #, etc. 27 Ste. #C
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip / Country 24 33609 25 USA	Zip / Country 29 33609 30 USA

3. Date Incorporated or Qualifed: 08/31/1987

4. FEI Number: 13-3271855 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, DAVID L.
5123 W SAN JOSE ST
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	D/P	☐ Change ☒ Addition
NAME	MILLS, BLAIR G		1.2 NAME	SMITH, David L.	
STREET ADDRESS	100 5TH AVE. S		1.3 STREET ADDRESS	5123 W. San Jose St.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701-5016		1.4 CITY-ST-ZIP	Tampa FL 33629	
TITLE	ST	☒ DELETE	2.1 TITLE	D/V	☐ Change ☒ Addition
NAME	HUGHES, BARBARA		2.2 NAME	SPERBER, Edwin H.	
STREET ADDRESS	3608 SPRINAGVILLE DR		2.3 STREET ADDRESS	5945 Clubside Dr.	
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP	Sarasota FL 34243	
TITLE	T	☒ DELETE	3.1 TITLE	D/S	☐ Change ☒ Addition
NAME	SMITH, ANN G.		3.2 NAME	MORONEY, Jim	
STREET ADDRESS	5123 W SAN JOSE ST		3.3 STREET ADDRESS	100 N. Tampa St., #3000	
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP	Tampa FL 33602	
TITLE	PT	☒ DELETE	4.1 TITLE	D/S	☐ Change ☒ Addition
NAME	SMITH, DAVID		4.2 NAME	McLEAN, Thomas	
STREET ADDRESS	5123 W SAN JOSE ST		4.3 STREET ADDRESS	13525 Bell Tower Dr.	
CITY-ST-ZIP	TAMPA FL 33629		4.4 CITY-ST-ZIP	Ft Myers FL 33907	
TITLE		☐ DELETE	5.1 TITLE	D/T	☐ Change ☒ Addition
NAME			5.2 NAME	ALEXANDER, Dara	
STREET ADDRESS			5.3 STREET ADDRESS	1405 Ventana Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ruskin FL 33573	
TITLE		☐ DELETE	6.1 TITLE	D/T	☐ Change ☒ Addition
NAME			6.2 NAME	STULMAKER, Harvey	
STREET ADDRESS			6.3 STREET ADDRESS	5835 Fairwood Cir.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Sarasota FL 34243	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: David L. Smith President — 4/28/99 — 813/879-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED