FILE NOW: FILING FEE IS $61.25

Amended

APPROVED AND FILED

99 AUG 20 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
3641 W. Kennedy Blvd. Ste. # C Tampa, FL 33609 USA	3641 W. Kennedy Blvd Ste. # C Tampa, FL 33609 USA

200002974842--1
-08/31/99--01057--002
*****61.25 *****61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 3641 W. Kennedy Blvd.	26 3641 W. Kennedy Blvd.	08/31/1987
Suite, Apt. #, etc. 22 Ste. #C	Suite, Apt. #, etc. 27 Ste. #C	4. FEI Number 94-3124732 ☐ Applied For ☐ Not Applicable
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33609 25 USA	Zip / Country 29 33609 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, David L. 5123 W. San Jose St. Tampa FL 33629	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 _____ (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		☒ DELETE	1.1 TITLE	D/P	☐ Change ☒ Addition
NAME	SPERBER, Edwin H.		1.2 NAME	SMITH, David L.	
STREET ADDRESS	5945 Clubside Dr.		1.3 STREET ADDRESS	5123 W. San Jose St.	
CITY-ST-ZIP	Sarasota, FL 34243		1.4 CITY-ST-ZIP	Tampa FL 33629	
TITLE		☒ DELETE	2.1 TITLE	D/S	☐ Change ☒ Addition
NAME	McLEAN, Thomas		2.2 NAME	MORONEY, Jim	
STREET ADDRESS	13525 Bell Tower Dr.		2.3 STREET ADDRESS	100 N. Tampa St., #3000	
CITY-ST-ZIP	Ft. Myers, FL 33907		2.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE		☒ DELETE	3.1 TITLE	D/T	☐ Change ☒ Addition
NAME	STULMAKER, Harvey		3.2 NAME	ALEXANDER, Dara	
STREET ADDRESS	5835 Fairwood Cir.		3.3 STREET ADDRESS	1405 Ventana Dr.	
CITY-ST-ZIP	Sarasota, FL 34243		3.4 CITY-ST-ZIP	Ruskin FL 33573	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME			4.2 NAME	MILLS, Blair	
STREET ADDRESS			4.3 STREET ADDRESS	2455 Lake Point Lane	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Clearwater FL 33762	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME			5.2 NAME	MURPHY, James B. Jr.	
STREET ADDRESS			5.3 STREET ADDRESS	501 E. Kennedy Blvd. #1400	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa FL 33602	
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		

8-24-99

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 8-6-99 813-287-1310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #