2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004
Secretary of State

DOCUMENT# N22299

Entity Name: THE ALS ASSOCIATION FLORIDA CHAPTER, INC.

Current Principal Place of Business:

5005 W. LAUREL STREET
110
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

5005 W. LAUREL STREET
110
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 94-3124732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARA, ALEXANDER
1405 VENTURA DRIVE
RUSKIN, FL 33573 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DVP	( ) Delete
Name:	MORONEY, JIM	
Address:	100 N. TAMPA ST. #3000	
City-St-Zip:	TAMPA, FL 33602	
Title:	DP	( ) Delete
Name:	ALEXANDER, DARA	
Address:	1405 VENTANA DR.	
City-St-Zip:	RUSKIN, FL 33573	
Title:	D	( ) Delete
Name:	MURPHY, JAMES B JR.	
Address:	100 N. TAMPA STREET, SUITE 2900	
City-St-Zip:	TAMPA, FL 33602	
Title:	DS	( ) Delete
Name:	SMITH, DON	
Address:	16209 SIERRA DE AVILA	
City-St-Zip:	TAMPA, FL 33613	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARA M. ALEXANDER MRS. 07/07/2004

Electronic Signature of Signing Officer or Director — Date