

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 18, 2011**  
**Secretary of State**

DOCUMENT# N22299

**Entity Name:** THE ALS ASSOCIATION FLORIDA CHAPTER, INC.**Current Principal Place of Business:**3242 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33619 US**New Principal Place of Business:****Current Mailing Address:**3242 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33619 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:**HANNA, KIMBERLEY  
1210 CULBREATH ISLES DRIVE  
TAMPA, FL 33629 US**Name and Address of New Registered Agent:**HANNA, KIMBERLEY  
904 SOUTH WESTSHORE  
TAMPA, FL 33629 US

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: KIMBERLEY HANNA

03/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: COFB  
Name: NELSON, WARREN  
Address: 2817 LONGLEAF LANE  
City-St-Zip: PALM HARBOR, FL 34684

Title: PRES  
Name: HANNA, KIMBERLEY  
Address: 904 SOUTH WESTSHORE  
City-St-Zip: TAMPA, FL 33629

Title: VCH  
Name: NIMPHIE, DICK  
Address: 400 BEACH DRIVE NE  
City-St-Zip: ST PETERSBURG, FL 33731

Title: SEC  
Name: MURPHY, JIM  
Address: 100 N TAMPA STREET  
City-St-Zip: TAMPA, FL 33602

Title: TREA  
Name: KOSCSO, MARTIN  
Address: 8213 CRENSHAW CIRCLE  
City-St-Zip: TAMPA, FL 33615-

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLEY HANNA

PRES

03/18/2011

Electronic Signature of Signing Officer or Director

Date