

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22299

FILED
Jan 05, 2012
Secretary of State

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 (X)**

Name and Address of Current Registered Agent:

HANNA, KIMBERLEY
904 SOUTH WESTSHORE
TAMPA, FL 33629 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: 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: NELSON, WARREN
Address: 2817 LONGLEAF LANE
City-St-Zip: PALM HARBOR, FL 34684

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

01/05/2012

Electronic Signature of Signing Officer or Director

Date