4-25-95-C- 4450-16

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33185** **(2)**

1. Corporation Name

ASTHMA & ALLERGY FOUNDATION OF AMERICA, FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
C/O UNIVERSITY COMMUNITY HOSPITAL 3100 E. FLETCHER AVE. TAMPA FL 33613-1688	C/O UNIVERSITY COMMUNITY HOSPITAL 3100 E. FLETCHER AVE. TAMPA FL 33613-1688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1989
3a. Date of Last Report: 07/28/1994
4. FEI Number: 59-2695804 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MATTI, LEO B.
% UNIVERSITY COMMUNITY HOSPITAL
3100 EAST FLETCHER AVE
TAMPA FL 33613-4688

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	AERTKER, JEAN H.	1.2 NAME	
STREET ADDRESS	4120 N. MACDILL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KASHUK, FRANCINE	2.2 NAME	
STREET ADDRESS	834 NORMANDY TRACE R.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CORCORAN, ANN	3.2 NAME	
STREET ADDRESS	4211 N. LOIS AVE. SUITE 700	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLIGAN, CAROLYN	4.2 NAME	
STREET ADDRESS	703 S. EDISON	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	GILLETTE, MARY ELLEN	5.2 NAME	
STREET ADDRESS	1202 E. PALM	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	KRZANOWSKI, PATRICIA T.	6.2 NAME	
STREET ADDRESS	4120 1/2 NORTH MACDILL	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Carolyn Milligan 4/18/95 (813) 972-7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carolyn Milligan

0084190