

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/11/1989

3a. Date of Last Report
04/25/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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

TITLE **D** ☐ DELETE
NAME **AERTKER, JEAN H.**
STREET ADDRESS **4120 N. MACDILL AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **KASHUK, FRANCINE**
STREET ADDRESS **834 NORMANDY TRACE R.**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☒ DELETE
NAME **CORCORAN, ANN**
STREET ADDRESS **4211 N. LOIS AVE. SUITE 700**
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☒ DELETE
NAME **MILLIGAN, CAROLYN**
STREET ADDRESS **703 S. EDISON**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ DELETE
NAME **GILLETTE, MARY ELLEN**
STREET ADDRESS **1202 E. PALM**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE
NAME **KRZANOWSKI, PATRICIA T.**
STREET ADDRESS **4120 1/2 NORTH MACDILL**
CITY-ST-ZIP **TAMPA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ED** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VD** ☐ Change ☒ Addition
3.2 NAME **Tishler, Nancy**
3.3 STREET ADDRESS **2906 Estrella**
3.4 CITY-ST-ZIP **Tampa FL 33629**

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **Hardy, IV, CPA, George E.W.**
4.3 STREET ADDRESS **109 N. Brush St. Ste 300**
4.4 CITY-ST-ZIP **Tampa FL 33602**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

George E.W. Hardy IV, Trustee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/5/96** Daytime Phone #: **813-223-9260**

CR2E037 (12/95)