FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

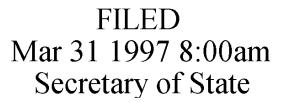
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

N33185

(2)

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





Principal Plac	e of Business	Mailing Address			7 (10) 10 10 10 10 10 10 10	
C/O UNIVERSIT	TY COMMUNITY HOSPITAL	C/O UNIVERSITY COMMIL	UNITY HOSPIT	AL		
3100 E. FLETCHER AVE. TAMPA FL 33613-1688		3100 E. FLETCHER AVE.]	
		TAMPA FL 33613-4613			3. Date Incorporated or Qualified	3a. Date of Last Report
					07/11/1989	04/22/1996
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
1 26					59-2695804	Not Applicable
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	e, Apt. #, etc.		P. Charleson of Charles Danier	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for	r intangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes 🔏 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistere# Agent
			81	Name		
MATTI, LEO B.				Street	Address (P.O. Box Number is Not Accepta	able)
% UNIVERSITY COMMUNITY HOSPITAL			"	01.001	Address (F.O. Don Hullion is Not Accopte	ioloy
3100 EAST FLETCHER AVE			63			
	FL 33613-4688		_			
	. 2 330,10 1333		84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050)2 and 617,1508. Florida Statu	ites the above	ve-named	corporation submits this statement for the	
office or r	registored agent, or both, in the State	of Florida. Such change was	authorized b	y the corp	corporation submits this statement for the poration's board of directors. I hereby according to the control of	opt the appointment as registered
	am familiar with, and accept the oblig	jations of, Section 617.0503, F	-lorida Statute	3 \$.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NC	TF: Registered A	nent signet re	e required when reinstating)	DATE
12,		ID DIRECTORS	13.	gon algricion	ADDITIONS/CHANGES TO OFF	
NILE	SD	DELETE	1.1 TITLE		President	Change Addition
NAME	AERTKER, JEAN H.	•	1.2 NAME		Letroy, Maura B.	
STREET ADDRESS	4120 N. MACDILL AVENUE			ET ADDRESS	104 - & Columbia Dr.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-		Tampa FL 33606	1
TITLE	PD	DELETE	2.1 TITLE		Director	Change Addition
NAME	KASHUK, FRANCINE	Land White It	2.2 NAME		DIFFEIDE	July States
	834 NORMANDY TRACE R.					
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL VD	DELETE	2. 4 CITY 3.1 TITLE			Change Addition
	1 . –	[] DELETE	1			ET Citalinge ET Vocation
NAME	TISHLER, NANCY		3.2 NAME		1	
STREET ADDRESS	2906 ESTRELLA			ET ADDRESS	1	
CITY-ST-ZIP	TAMPA FL	Florier	3.4. CITY			Tobal Thermal
TITLE	TD	☐ DELETE	4.1 TITLE		ļ	Change Addition
NAME	HARDY, IV G	• 000	4. 2 NAM			'
STREET ADDRESS	109 N BRUSH STREET SUTE	: 300	4.3 STREE	ET ADDRESS	İ	
CITY-S1-2IP	TAMPA FL		4.4 CITY			
TITLE	J D	DELETE	5.1 TITLE		Secretary	Change Addition
NAME	GILLETTE, MARY ELLEN		5.2 NAME		Starks, Carrie	_
STREET ADDRESS	1		5.3 STREE	ET ADDRESS	116 W. Powhatan Ave	<i>r</i> .
CITY - ST - ZIP	TAMPA FL		5.4 CITY	ST-ZIP	tampa FC 33604	
TITLE	D	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	KRZANOWSKI, PATRICIA T.		6.2 NAME			
STREET ADDRESS	4120 1/2 NORTH MACDILL		6.3 STRE	ET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY			
		d with this filing doos not due			stated in Section 110 07/3VI). Florida Statul	too. I further cortifu that the

I do riereby certify that the information supplied with this liting does not quality 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

SIGNATU