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Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33613-1688C/O UNIVERSITY COMMUNITY HOSPITAL
3100 E. FLETCHER AVE.
TAMPA FL 33613-46133. Date Incorporated or Qualified
07/11/19893a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number
59-2695804Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE
NAME AERTKER, JEAN H.
STREET ADDRESS 4120 N. MACDILL AVENUE
CITY-ST-ZIP TAMPA FLTITLE PD ☐ DELETE
NAME KASHUK, FRANCINE
STREET ADDRESS 834 NORMANDY TRACE R.
CITY-ST-ZIP TAMPA FLTITLE VD ☐ DELETE
NAME TISHLER, NANCY
STREET ADDRESS 2906 ESTRELLA
CITY-ST-ZIP TAMPA FLTITLE TD ☐ DELETE
NAME HARDY, IV G
STREET ADDRESS 109 N BRUSH STREET SUITE 300
CITY-ST-ZIP TAMPA FLTITLE D ☒ DELETE
NAME GILLETTE, MARY ELLEN
STREET ADDRESS 1202 E. PALM
CITY-ST-ZIP TAMPA FLTITLE D ☐ DELETE
NAME KRZANOWSKI, PATRICIA T.
STREET ADDRESS 4120 1/2 NORTH MACDILL
CITY-ST-ZIP TAMPA FL1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME LeCroy, Maura B.
1.3 STREET ADDRESS 104 - S Columbia Dr.
1.4 CITY-ST-ZIP Tampa FL 336062.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE Secretary ☐ Change ☒ Addition
5.2 NAME Starks, Carrie
5.3 STREET ADDRESS 116 W. Powhatan Ave.
5.4 CITY-ST-ZIP Tampa FL 336046.1 TITLE ☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048090

CR2E037 (9/96)