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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified	07/11/1989
4. FEI Number	59-2695804
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 11700 N. 58th St.	26 11700 N. 58th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite J	27 Suite J
City & State	City & State
23 Tampa FL	28 Tampa FL
Zip	Country
24 33617	25 US
Zip	Country
29 33617	30 US

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
MATTI, LEO B. % UNIVERSITY COMMUNITY HOSPITAL 3100 EAST FLETCHER AVE TAMPA FL 33613-4888	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	11700 N. 58th St.
83 Suite	Suite J
84 City	Tampa
85 State	FL
86 Zip Code	33617

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 *Leo B. Matti* **Leo B. Matti** 2/16/98
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	<input type="checkbox"/> DELETE
NAME	P LECROY, MAURA B
STREET ADDRESS	104-B COLUMBIA DR
CITY-ST-ZIP	TAMPA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D KASHUK, FRANCINE
STREET ADDRESS	834 NORMANDY TRACE R.
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD TISHLER, NANCY
STREET ADDRESS	2806 ESTRELLA
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD HARDY, IV G
STREET ADDRESS	109 N BRUSH STREET SUTE 300
CITY-ST-ZIP	TAMPA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S STARKS, CARRIE
STREET ADDRESS	116 W POWHATAN AVE
CITY-ST-ZIP	TAMPA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2670 Tierra Circle
1.4 CITY-ST-ZIP	Winter Park FL 32792
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Ellen Gimine
2.3 STREET ADDRESS	100 Kilsyth St.
2.4 CITY-ST-ZIP	Oldsmar FL 33677
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S Kathleen Conboy Ellis, AAAA, ALD
5.3 STREET ADDRESS	4739 Skinner Way S.
5.4 CITY-ST-ZIP	St. Petersburg FL 33711
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Bill Nanos
6.3 STREET ADDRESS	2554 Splitwood Way
6.4 CITY-ST-ZIP	Clearwater FL 33761

14. I 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 *George E.W. Hardy, Jr* **GEORGE E.W. HARDY, JR** 2/16/98 912-773-9760

CR2E037 (10/97)