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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90209 050 \*\*\*\*61.25

**DOCUMENT # N33185**

1. Corporation Name

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

Principal Place of Business

11700 N 58TH ST  
STE J  
TAMPA FL 33617  
US

Mailing Address

11700 N 58TH ST  
STE J  
TAMPA FL 33617  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/11/1989

4. FEI Number

59-2695804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MATTI, LEO B.  
11700 N 58TH ST  
STE J  
TAMPA FL 33617

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 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 P ☒ DELETE  
NAME LECROY, MAURA B  
STREET ADDRESS 2670 TIERRA CIR  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☒ DELETE  
NAME CIMINE, MARY ELLEN  
STREET ADDRESS 100 KILSYTHE ST  
CITY-ST-ZIP OLDSMAR FL 33677

TITLE VD ☒ DELETE  
NAME TISHLER, NANCY  
STREET ADDRESS 2906 ESTRELLA  
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE  
NAME HARDY, IV G  
STREET ADDRESS 109 N BRUSH STREET SUTE 300  
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE  
NAME EILLIS, KATHLEEN C ARNP  
STREET ADDRESS 4739 SKINNER WAY S  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE D ☒ DELETE  
NAME NANOS, BILL  
STREET ADDRESS 2554 SPLITWOOD WAY  
CITY-ST-ZIP CLEARWATER FL 33761

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME Jake Taylor  
1.3 STREET ADDRESS 5045 Camberley Lane  
1.4 CITY-ST-ZIP Odessa FL 34677

2.1 TITLE V/D ☐ Change ☒ Addition  
2.2 NAME Karin Otto, Ph.D.  
2.3 STREET ADDRESS 4002 Eagle Nest Dr.  
2.4 CITY-ST-ZIP Valrico FL 33594

3.1 TITLE M ☒ Change ☒ Addition  
3.2 NAME Leo B. Matti  
3.3 STREET ADDRESS 15701 Bovine Pl  
3.4 CITY-ST-ZIP Tampa FL 33624

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE S/D ☒ Change ☒ Addition  
6.2 NAME Ronda Michaud  
6.3 STREET ADDRESS 2206 Green Oaks Ln  
6.4 CITY-ST-ZIP Tampa FL 33612

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, with all other like empowered.

SIGNATURE: *Leo B. Matti*

4/15/99 813 1983-0244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)