## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N33185

FILED Apr 13, 2005 Secretary of State

Entity Name: ASTHMA & ALLERGY FOUNDATION OF AMERICA, FLORIDA CHAPTER, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	JMONT CENTE	ER BLVD.					
SUITE 620 TAMPA, FL		;					
Current Mailing Address:				New Mailing Address:			
5421 BEAU	JMONT CENTE	ER BLVD.					
SUITE 620 TAMPA, FL							
FEI Number:	59-2695804	FEI Number Applied For ( )	FEI Numbe	r Not Appli	cable ( )	Certifica	te of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Na	ame and	Address o	f New Reg	istered Agent:
SUITE 620	JMONT CENTE	ER BLVD.					
The above in the State		submits this statement for the	purpose of ch	nanging it	s registered	d office or r	egistered agent, or both,
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ac	jent				Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () FRIEDRICH, III, 2020 59TH ST. V BRADENTON, F	W	Ade	le: ime: dress: ty-St-Zip:	PD OTTO, KARII 401 W; KEN TAMPA, FL	NEDY BLVD	( ) Addition
Title: Name: Address: City-St-Zip:	VD () OTTO, KARIN F 401 W; KENNEI TAMPA, FL 336	DY BLVD	Ade	le: ime: dress: :y-St-Zip:	VD MATESICH, 10021 PARL TAMPA, FL	EY DR.	( ) Addition
Title: Name: Address: City-St-Zip:	CHERYL, SMAL	IT CENTER BLVD., SUITE 620	Ade	le: ime: dress: iy-St-Zip:		( ) Change(	( ) Addition
Title: Name: Address: City-St-Zip:	HARDY, IV G	Delete OY BLVD., SUITE 1200 502	Ade	le: ime: dress: iy-St-Zip:		( ) Change(	( ) Addition
Title: Name: Address: City-St-Zip:	D () MICHAUD, RON 2206 GREEN O TAMPA, FL 336	AK LN	Ade	le: ime: dress: ty-St-Zip:	D FRIEDRICH, 2020 59TH S BRADENTOR	ST. W	( ) Addition
Title: Name: Address: City-St-Zip:	LOCKEY, RICH	3. DOWNS BLVD., SUITE 502	Ade	le: ime: dress: ty-St-Zip:		()Change(	( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL SMALL D 04/13/2005