

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33185

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

5421 BEAUMONT CENTER BLVD.
SUITE 620
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5421 BEAUMONT CENTER BLVD.
SUITE 620
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-2695804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALL, CHERYL J
5421 BEAUMONT CENTER BLVD.
SUITE 620
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OTTO, KARIN PHD
Address: 401 W; KENNEDY BLVD
City-St-Zip: TAMPA, FL 33606

Title: VD () Delete
Name: MATESICH, ALEXA
Address: 10021 PARLEY DR.
City-St-Zip: TAMPA, FL 33626

Title: M () Delete
Name: CHERYL, SMALL J
Address: 5421 BEAUMONT CENTER BLVD., SUITE 620
City-St-Zip: TAMPA, FL 33634

Title: TD () Delete
Name: HARDY, IV G
Address: 101 E. KENNEDY BLVD., SUITE 1200
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: FRIEDRICH, III, DANIEL
Address: 2020 59TH ST. W
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: LOCKEY, RICHARD F DR.
Address: 13801 BRUCE B. DOWNS BLVD., SUITE 502
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOSEPH, DEIRDRE
Address: 9470 FOWLER AVE.
City-St-Zip: THONOTOSASSA, FL 33592

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KARIN OTTO

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date