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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9800004595

THE ALS ASSOCIATION FLORIDA GULF COAST CHAPTER, INC.

Principal Plac	e of Business	Mailing Address				ţ		
MZAIKBER ZIR SARASOTA FL	5 7.44_8665x616065x617x449 8 \$4 7.6 68740x6Xx842 X 3x	x810005x810x4430 rax exxanexx						
5945 Cla	ubside Drive	5945 Clubside	5945 Clubside Drive			i (Anisin) ara rasar riktir dariri Adriri Aktiri Ak	151 BAZIL BIGEL BILLA	10101 0111 1001
	a, FL 34243		Sarasota, FL 34243					
	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed		
	lace of Dusiness	26				08/10/1998		
Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FEI Number	I A	pplied For
22	m, au.	27			-	65-0869329		ot Applicable
City & Star	re	City & State						Additional
23	-	28				5. Certifcate of Status Desired	Fee R	equired
Zip	Country	Zip	Coun	try		6. Election Campaign Financing	\$5.00	May Be
24	25	29 30	30			Trust Fund Contribution	•	to Fees
1	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent	
				81	Name			
CTH MANUED LIADVEV			}	82	Street Add	ress (P.O. Box Number is Not Acceptable)	 	
STULMAKER, HARVEY 5835 FAIRWOODS CIRCLE				"	Stipet Addi	Address (F.O. Box (valider is Not Acceptable)		
SARASOTA FL 34243			Ţ.	83				
OAIDOOI	A I E OTETO		ļ.	84	City		85 Zip	Code
					•	•	FL `` `	ļ
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 a			gent s	ignature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DDC IN 42
12.	OFFICERS AND		13.	_			MIND DIRECTO	Addition
TITLE	D	☐ DELETE	1.1 TITL			President/Director	ZZ Onlange	
NAME.	sperber, edwin h		1.2 NAM			Sperber, Edwin H.		
STREET ADDRESS	5945 CLUBSIDE DRIVE			EETA		5945 Clubside Drive		
CITY-ST-ZIP	ONITIOUTA LE OTETO					Sarasota, FL 34243		C Addition
TITLE			2.1 TITL			Treasurer/Director	🔀 Change	Addition
NAME	STULMAKER, HARVEY 22N		2.2 NAM			Stulmaker, Harvey		
STREET ADDRESS	5835 FAIRWOODS CIRCLE 23 S		2.3 STR	2.3 STREET ADDRESS		5835 Fairwoods Circle		
CITY-ST-ZIP	ONI VIO TITLE O'LLIO			2.4 CITY-ST-ZIP S		Sarasota, FL 3/12/13		To a delice
TITLE	- ■		3.1 TITL	E		•	Change	☐ Addition
NAME	GORDON, CHERYL L 32N		3.2 NAM	Æ				
STREET ADDRESS	ABEL, BAND ET AL- P O BOX 49	9948 N/A	3.3 STR	EET AL	DDRESS			
CITY-ST-ZIP	SARASOTA FL 34230-6948		3.4. CIT	Y-\$T-2	ZiP			
TITLE		☐ DELETE	4.1 TITL	Ę		Secretary/Director	☐ Change	Addition
NAME			4. 2 NA	ME		Nicole Bayard		
STREET ADDRESS	¥		4.3 STR	EET AI	DORESS	Doctors Hospital, 5731	Bee Ridg	e Rd.
CITY-ST-ZIP			4.4 CITY	/-ST-Z	Z!P	Sarasota FL 34233		
TITLE		☐ DELETE	5.1 TITL	E		Vice President/Director	☐ Change	Addition .
NAME			5.2 NAM	Æ		Thomas McLean		
STREET ADDRESS			5.3 STR	EET AL	DORESS	5332 Fox Run Road		
CITY-ST-ZIP			5.4 CITY	Y-\$T-2	ZIP	Sarasota, FL 34231		·
TITLE		☐ DELETE	6.1 TITL	E		-varabula, ili Jikul	☐ Change	☐ Addition
			_		I I			

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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

VATURE REChery File Cordon, Director

(941) 366-6660