


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90062 048 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000004595</b>					
1. Corporation Name <b>THE ALS ASSOCIATION FLORIDA GULF COAST CHAPTER, INC.</b>					
Principal Place of Business <del>5710 BEE RIDGE RD. #130</del> <del>SARASOTA, FL 34231</del> <b>5945 Clubside Drive</b> <b>Sarasota, FL 34243</b>			Mailing Address <del>5710 BEE RIDGE RD. #130</del> <del>SARASOTA, FL 34231</del> <b>5945 Clubside Drive</b> <b>Sarasota, FL 34243</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/10/1998</b> 4. FEI Number <b>65-0869329</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>STULMAKER, HARVEY</b> <b>5835 FAIRWOODS CIRCLE</b> <b>SARASOTA FL 34243</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPERBER, EDWIN H</b>		1.2 NAME	<b>Sperber, Edwin H.</b>	
STREET ADDRESS	<b>5945 CLUBSIDE DRIVE</b>		1.3 STREET ADDRESS	<b>5945 Clubside Drive</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>		1.4 CITY-ST-ZIP	<b>Sarasota, FL 34243</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Treasurer/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STULMAKER, HARVEY</b>		2.2 NAME	<b>Stulmaker, Harvey</b>	
STREET ADDRESS	<b>5835 FAIRWOODS CIRCLE</b>		2.3 STREET ADDRESS	<b>5835 Fairwoods Circle</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>		2.4 CITY-ST-ZIP	<b>Sarasota, FL 34243</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, CHERYL L</b>		3.2 NAME		
STREET ADDRESS	<b>ABEL, BAND ET AL- P O BOX 49948 N/A</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34230-6948</b>		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	<b>Nicole Bayard</b>	
STREET ADDRESS			4.3 STREET ADDRESS	<b>Doctors Hospital, 5731 Bee Ridge Rd.</b>	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>Sarasota, FL 34233</b>	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<b>Vice President/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	<b>Thomas McLean</b>	
STREET ADDRESS			5.3 STREET ADDRESS	<b>5332 Fox Run Road</b>	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<b>Sarasota, FL 34231</b>	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE RECEIVED: Cheryl L. Gordon, Director

(941) 366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)