

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004595

FILED  
Jan 03, 2005  
Secretary of State

**Entity Name:** LOU GEHRIG'S DISEASE ASSOCIATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

PO BOX 11104  
SARASOTA, FL 342781104

**New Principal Place of Business:**

**Current Mailing Address:**

3921 NELSON AVE  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 65-0869329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORDON, CHERYL L  
240 S PINEAPPLE AVENUE 10TH FLOOR  
SARASOTA, FL 34236 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: DT ( ) Delete  
Name: FORAN, DAVID  
Address: 3921 NELSON AVE  
City-St-Zip: SARASOTA, FL 34231

Title: VD ( ) Delete  
Name: JORGENSEN, JOHN  
Address: 7262 SOUTH LEEWYNN DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: GORDON, CHERYL L  
Address: ABEL, BAND ET AL- P O BOX 49948 N/A  
City-St-Zip: SARASOTA, FL 342306948

**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:

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: DAVID S FORAN, TREAS

DT

01/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date