2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

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

Principal Place of Business
PO BOX 11104
SARASOTA, FL 34278-1104

Mailing Address
3921 NELSON AVE
SARASOTA, FL 34231

01232007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0869329

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, CHERYL L
240 S PINEAPPLE AVENUE 10TH FLOOR
SARASOTA, FL 34236

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	FORAN, DAVID
STREET ADDRESS	3921 NELSON AVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VD
NAME	JORGENSEN, JOHN
STREET ADDRESS	7262 SOUTH LEEWYNN DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	GORDON, CHERYL L
STREET ADDRESS	ABEL, BAND ET AL- P O BOX 49948 N/A
CITY-ST-ZIP	SARASOTA, FL 342306948
TITLE	D
NAME	WATKINS, VICKI
STREET ADDRESS	1109 HIGHLAND GREENS DR
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	WATKINS, JAMES
STREET ADDRESS	1109 HIGHLAND GREENS DR
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/07-80008-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David S. Foran TREAS 4/4/07 941-927-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #