

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004595

FILED
Jan 04, 2008
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:

3921 NELSON AVE
SARASOTA, FL 342318640 US

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

Title: D () Delete
Name: WATKINS, VICKI
Address: 1109 HIGHLAND GREENS DR
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: WATKINS, JAMES
Address: 1109 HIGHLAND GREENS DR
City-St-Zip: VENICE, FL 34292

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID S FORAN

DT

01/04/2008

Electronic Signature of Signing Officer or Director

Date