

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004595

FILED
Jan 06, 2010
Secretary of State

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

Current Principal Place of Business:

3921 NELSON AVE
SARASOTA, FL 342318640 US

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
Name: FORAN, DAVID
Address: 3921 NELSON AVE
City-St-Zip: SARASOTA, FL 34231

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID S FORAN

DT

01/06/2010

Electronic Signature of Signing Officer or Director

Date