#### **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22299

Entity Name: THE ALS ASSOCIATION FLORIDA CHAPTER, INC.

FILED
Mar 09, 2022
Secretary of State
2063993687CC

## **Current Principal Place of Business:**

3242 PARKSIDE CENTER CIRCLE TAMPA. FL 33619

## **Current Mailing Address:**

3242 PARKSIDE CENTER CIRCLE TAMPA, FL 33619 US

FEI Number: 94-3124732 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

1SOURCE PARTNERS 701 S HOWARD AVE STE 203 TAMPA, FL 33606 US

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: TANYA PAVLIK 03/09/2022

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT AND CEO Title VC

Name CARSON, II, RAYMOND J. Name STAMBAUGH, GLENN

Address 3242 PARKSIDE CENTER CIRCLE Address 3242 PARKSIDE CENTER CIRCLE

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619

Title IMMEDIATE PAST CHAIRMAN Title SECRETARY

Name CANNISTRA, JOHN Name MAYBROOK, SHARON

Address 3242 PARKSIDE CENTER CIRCLE Address 3242 PARKSIDE CENTER CIRCLE

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619

Title CHAIRMAN Title BOARD OF DIRECTORS

Name GRAHAM, HAMPTON Name CLYNCH, JO-ANN

Address 3242 PARKSIDE CENTER CIRCLE Address 3242 PARKSIDE CENTER CIRCLE

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619

Title BOARD OF DIRECTORS Title BOARD OF DIRECTORS

Name BAILEY, ALECIA Name COLLINS, JOHN

Address 3242 PARKSIDE CENTER CIRCLE Address 3242 PARKSIDE CENTER CIRCLE

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619

### Continues on page 2

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: CARSON, II , RAYMOND J.

**CEO** 

03/09/2022

Date

### Officer/Director Detail Continued:

Address

3242 PARKSIDE CENTER CIRCLE

 Title
 HONORARY LIFE MEMBER
 Title
 TREASURER

 Name
 CUMMINGS, TIM
 Name
 FIELDS, TROY

Address 3242 PARKSIDE CENTER CIRCLE Address 3242 PARKSIDE CENTER CIRCLE

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619

Title BOARD OF DIRECTORS Title BOARD OF DIRECTORS

Name SPRING, MELISSA Name CHAPPELL, BRIAN

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619

Title BOARD OF DIRECTORS Title BOARD OF DIRECTORS

Name ELBERT, JEFF Name HARVEY, BRITTANY

Address 3242 PARKSIDE CENTER CIRCLE Address 3242 PARKSIDE CENTER CIRCLE

Address

3242 PARKSIDE CENTER CIRCLE

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619

Title BOARD OF DIRECTORS Title BOARD OF DIRECTORS

Name HOPKINS, CHRISTINE Name VERMA, ASHOK DR.

Address 3242 PARKSIDE CENTER CIRCLE Address 3242 PARKSIDE CENTER CIRCLE

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619