

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004337

FILED
Apr 23, 2009
Secretary of State

Entity Name: AMERICAN SYRINGOMYELIA ALLIANCE PROJECT, INC.

Current Principal Place of Business:

300 N. GREEN ST., SUITE 412
LONGVIEW, TX 75601

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1586
LONGVIEW, TX 756061586

New Mailing Address:

FEI Number: 75-2245195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, SARA
2101 PAOLI DR NE
PALM BAY, FL 32907 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: P () Delete
Name: HUNT, JUDY
Address: 10908 NASSAU CT. NE
City-St-Zip: BLAINE, MN 55449

Title: V () Delete
Name: KOTJARAPOGLUS, THEO
Address: 1291 KUHN RD.
City-St-Zip: BOILINGS SPRINGS, PA 17007

Title: S () Delete
Name: PATTERSON, SARA
Address: 2101 PAOLI DR. NE
City-St-Zip: PALM BAY, FL 32907

Title: () Delete
Name:
Address:
City-St-Zip:

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: CEO () Change (X) Addition
Name: SCARPONE, MICHAEL
Address: #4 DEER RIDGE LANE
City-St-Zip: KITTERY, ME 03904

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: JUDY HUNT

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date