


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90040 006 ****61.25

DOCUMENT # F93000002163

1. Entity Name
 PARKINSON'S DISEASE FOUNDATION, INC.



Principal Place of Business
 710 WEST 168TH STREET
 NEW YORK, NY 10032

Mailing Address
 710 WEST 168TH STREET
 NEW YORK, NY 10032

20064745



2. Principal Place of Business
 1359 Broadway
 Suite, Apt. #, etc.
 1509

3. Mailing Address
 1359 Broadway
 Suite, Apt. #, etc.
 1509

07052005 Chg-NP CR2E037 (10/03)

City & State
 New York, NY

City & State
 New York NY

Zip
 10018

Country
 USA

Zip
 10018

Country
 USA

4. FEI Number
 13-1866796

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C	BLACK, WILLIAM MRS. BON REPOS, PREMIUM POINT NEW ROCHELLE, NY 10801	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	ROWLAND, LEWIS P.M.D. NEUROLOGICAL INSTITUTE 710 W., 168TH ST. NEW YORK, NY 10032	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	KONECKY, ISOBEL R 248 EAST 68TH STREET NEW YORK, NY 10021	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	ACKERMAN, STEPHEN A 383 MADISON AVENUE, 25TH FLOOR NEW YORK, NY 10179	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	FAHN, STANLEY M.D. 710 WEST 168TH STREET NEW YORK, NY 10032	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ATAS	ELLIOTT, ROBIN A 710 WEST 168TH STREET NEW YORK, NY 10032	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] Date: 7/12/05 Daytime Phone #: 202-923-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**Parkinson's
Disease
Foundation**

Hope through Research • Education • Advocacy

ATTACHMENT
#F93000002163
2006 4745

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**Parkinson's
Disease
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