

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704323

FILED
Apr 30, 2009
Secretary of State

Entity Name: NATIONAL PARKINSON FOUNDATION, INC.

Current Principal Place of Business:

1501 N.W. 9TH AVENUE
MIAMI, FL 331361494 US

New Principal Place of Business:

Current Mailing Address:

1501 N.W. 9TH AVENUE
MIAMI, FL 331361494 US

New Mailing Address:

FEI Number: 59-0968031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 334102525 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: CD () Delete
Name: FOGEL, DR BERNARD
Address: 1501 N.W. 9TH AVENUE
City-St-Zip: MIAMI, FL 33136 US

Title: VC () Delete
Name: ALHADEFF, E. RICHARD
Address: 1501 N.W. 9TH AVE.
City-St-Zip: MIAMI, FL 33136 US

Title: S () Delete
Name: SLEWETT, ALAN
Address: 1501 N.W. 9TH AVE.
City-St-Zip: MIAMI, FL 33136 US

Title: D () Delete
Name: KRAVITZ, HAROLD
Address: 7600 WEST 20 AVE., #223
City-St-Zip: HIALEAH, FL 33016

Title: P () Delete
Name: OBERDORF, JOYCE
Address: 1501 NW 9 AVE
City-St-Zip: MIAMI, FL 33136 US

Title: D () Delete
Name: BARASH, JEFFREY
Address: 1140 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLAND, FL 33154

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: D (X) Change () Addition
Name: KRAVITZ, HAROLD
Address: 1501 N.W. 9TH AVE.
City-St-Zip: MIAMI, FL 33136

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

Title: D (X) Change () Addition
Name: BARASH, JEFFREY
Address: 1501 NW 9 AVE
City-St-Zip: MIAMI, FL 33136

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: S. SIMONS AS ATTORNEY-IN-FACT

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date