

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2008 08:00 AM  
Secretary of State

DOCUMENT # 746687



1. Entity Name

THE SOUTH FLORIDA CHAPTER OF THE DYSAUTONOMIA  
FOUNDATION, INC.

Principal Place of Business

10422 NW 24 PLACE, #201  
SUNRISE FL 33322  
US

Mailing Address

10422 NW 24 PLACE, #201  
SUNRISE FL 33322  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0248444

Applied For

No. Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISNER, DORIS  
10422 NW 24 PLACE, #201  
SUNRISE FL 33322

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 the filer please.

(NOTE: Registered Agent signature is required when changing)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2008

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

TITLE P ☐ Delete  
NAME BLAKE, NORA  
STREET ADDRESS 10304 SUNRISE LAKE BLVD  
CITY-STATE-ZIP SUNRISE FL 33322

TITLE T ☐ Delete  
NAME EISNER, DORIS  
STREET ADDRESS 10422 NW 24 PLACE, #201  
CITY-STATE-ZIP SUNRISE FL 33322

TITLE VP ☐ Delete  
NAME GROSSMAN, BETH  
STREET ADDRESS 10422 NW 24 PLACE, #208  
CITY-STATE-ZIP SUNRISE FL 33322

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Doris Eisner - DORIS EISNER

1/23/08 954-572-1890