

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 AM 12: 25

DOCUMENT # 766373 (5)

1. Corporation Name
THE FLORIDA INSTITUTE OF CHIROPRACTIC RESEARCH AND EDUCATION, INC.

Principal Place of Business Mailing Address
**% ROBERT L. GUNTHER
12574 INDIAN ROCKS ROAD
LARGO FL 34644**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/30/1982** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2434533** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30

9. Name and Address of Current Registered Agent
**PARRI, RAYMOND L., PA
1217 PONCE DE LEON BLVD.
CLEARWATER FL 34616-1285**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HINTON, HERBERT E JR
STREET ADDRESS	127 E. DANIA BEACH BLVD.
CITY - ST - ZIP	DANIA FL
TITLE	VD
NAME	SAUNDERS, EDWARD M., D.C.
STREET ADDRESS	1342 COLONIAL SUITE 19
CITY - ST - ZIP	FT MYERS FL
TITLE	D
NAME	ARNOLD, LEE E.
STREET ADDRESS	5288 SEMINOLE BLVD.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	SD
NAME	MCCUTCHEON, MARK
STREET ADDRESS	660 DOUGLAS AVE.
CITY - ST - ZIP	DUNEDIN FL
TITLE	TD
NAME	GUNTHER, ROBERT L.
STREET ADDRESS	12574 INDIAN ROCKS RD.
CITY - ST - ZIP	LARGO FL 34644
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, Change or in an attachment with an address.

SIGNATURE: *Robert L. Gunther* 4/5/95 (813) 596-3601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #