


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 09, 1999 8:00 am
Secretary of State

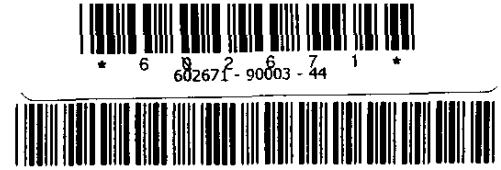
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766373

1. Corporation Name
**THE FLORIDA INSTITUTE OF CHIROPRACTIC RESEARCH A
 NO EDUCATION, INC.**

Principal Place of Business 217 N KIRKMAN RD #ONE ORLANDO FL 32811 US	Mailing Address 217 N KIRKMAN RD #ONE ORLANDO FL 32811 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/30/1982	4. FEI Number 59-2434533 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

BROWN, DEBRA MINOR
 217 N KIRKMAN RD #ONE
 ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ED E D.C.	
STREET ADDRESS	217 N KIRKMAN RD #ONE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYDE, DR TOM D.C.	
STREET ADDRESS	8056 SW 81ST DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, D.C. J	
STREET ADDRESS	22395 U. S. HWY 331 N	
CITY-ST-ZIP	PAXTON FL 32538	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, D.C. S	
STREET ADDRESS	22395 U. S. HWY 331 N	
CITY-ST-ZIP	PAXTON FL 32538	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUNTHER, ROBERT L.	
STREET ADDRESS	12574 INDIAN ROCKS RD.	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, DEBRA MINOR	
STREET ADDRESS	217 N KIRKMAN RD #ONE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DOUGHERTY, KEN, D.C.
3.3 STREET ADDRESS	665 N. DIXIE FREEWAY
3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 the 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra A. Brown 8/2/99 407/290-5883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001571
CR2E037 (5/99)