## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#766373** 

Jan 29, 2004 Secretary of State

Entity Name: THE FLORIDA INSTITUTE OF CHIROPRACTIC RESEARCH AND EDUCATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

217 N KIRKMAN RD #ONE ORLANDO, FL 32811

**Current Mailing Address: New Mailing Address:** 

217 N KIRKMAN RD #ONE ORLANDO, FL 32811

FEI Number: 59-2434533 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition WILLIAMS, ED E D.C. DOUGHERTY, KEN Name: Name: 217 N KIRKMAN RD #ONE Address: 665 N DIXIE FREEWAY Address:

City-St-Zip: ORLANDO, FL City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: Title: ( ) Delete (X) Change ( ) Addition JOHNSTON, JOSEPH DC Name: LOOMIS, JIM Name:

Address: 1230 SEMINOLE BLVD Address: 850 CONCOURSE PARKWAY S. STE 150

City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: MAITLAND, FL 32751

Title: VD. () Delete Title: (X) Change ( ) Addition

NEVIUS, WILLIAM Name: NEVIUS, WILLIAM Name: 5390 PARK CENTRAL CT 5390 PARK CENTRAL CT Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

(X) Change ( ) Addition Title: ( ) Delete Title: VD

DODD, DANIEL Name: DODD, DANIEL Name: 2025 MARK STREET Address: Address: 2025 PARK STREET City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Delete Title: (X) Change ( ) Addition

GUNTHER, ROBERT L., GUNTHER, ROBERT L., Name: Name: 12574 INDIAN ROCKS RD. 12574 INDIAN ROCKS RD. Address: Address:

City-St-Zip: LARGO, FL 34644 City-St-Zip: LARGO, FL 34644

Title: () Delete Title: (X) Change ( ) Addition BROWN, DEBRA MINOR BROWN, DEBRA MINOR Name: Name:

Address: 217 N KIRKMAN RD #ONE Address: 217 N KIRKMAN RD #ONE ORLANDO, FL City-St-Zip: ORLANDO, FL 32811 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBRA MINOR BROWN D 01/29/2004