


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR -4 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50014755

DOCUMENT # 766373 1. Entity Name FLORIDA CHIROPRACTIC FOUNDATION FOR EDUCATION AND RESEARCH, 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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2434533 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROWN, DEBRA MINOR 217 N KIRKMAN RD #ONE ORLANDO, FL 32811			7. Name and Address of New Registered Agent 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 <i>Debra Minor Brown</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		2/9/2005 <small>DATE</small>		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGHERTY, KEN 665 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Edward 3470 Blackford Church Rd. Marion, KY 42064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOOMIS, JIM 850 CONCOURSE PARKWAY S, STE 150 MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, DANIEL 2025 PARK ST. JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVIUS, WILLIAM 5390 PARK CENTRAL CT NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMSTRONG, ORLAND R 1401 N ATLANTIC AVE COCOA BEACH, FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DODD, DANIEL 2025 PARK STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTHER, ROBERT L. 12574 INDIAN ROCKS RD. LARGO, FL 34644	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DEBRA MINOR 217 N KIRKMAN RD #ONE ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <i>Debra Minor Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/9/2005 (407) 290-5883 <small>DATE</small>		(407) 290-5883 <small>Debra Minor Brown</small>	