

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 21, 2007
Secretary of State**

DOCUMENT# 766373

Entity Name: FLORIDA CHIROPRACTIC FOUNDATION FOR EDUCATION AND RESEARCH, INC.

Current Principal Place of Business:

217 N KIRKMAN RD #ONE
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

217 N KIRKMAN RD #ONE
ORLANDO, FL 32811 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DOUGHERTY, KEN
Address: 665 N DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: TD () Delete
Name: LOOMIS, JIM
Address: 850 CONCOURSE PARKWAY S, STE 150
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: ARMSTONG, ORLAND K
Address: 1401 N. ATLANTIC AVENUE
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: DODD, DANIEL
Address: 2025 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD () Delete
Name: WILLIAMS, EDWARD
Address: 217 N KIRKMAN RD STE ONE
City-St-Zip: ORLANDO, FL 328111198

Title: D () Delete
Name: BROWN, DEBRA MINOR
Address: 217 N KIRKMAN RD #ONE
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STANLEY, GREENFIELD
Address: 3948 3RD ST SOUTH, #385
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

RA

03/21/2007

Electronic Signature of Signing Officer or Director

Date