

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766373

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

217 N KIRKMAN RD
SUITE ONE
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

217 N KIRKMAN RD
SUITE ONE
ORLANDO, FL 32811 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BROWN, DEBRA
217 N KIRKMAN RD
SUITE 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: 2700 N. PENINSULA AVE., #242
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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

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

Title: D () Delete
Name: CROSS, DON
Address: 1102 W. JEFFERSON ST.
City-St-Zip: QUINCY, FL 32351

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

Title: D (X) Change () Addition
Name: HOFFMAN, DEBRA
Address: 11802 56TH ST
City-St-Zip: TAMPA, FL 33617

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 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: KEN DOUGHERTY

Electronic Signature of Signing Officer or Director

P

04/15/2009

Date