

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766373

FILED  
Apr 28, 2010  
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:**

30 REMINGTON ROAD  
SUITE ONE  
OAKLAND, FL 34787 US

**Current Mailing Address:**

217 N KIRKMAN RD  
SUITE ONE  
ORLANDO, FL 32811 US

**New Mailing Address:**

30 REMINGTON ROAD  
SUITE ONE  
OAKLAND, FL 34787 US

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:**

BROWN, DEBRA  
30 REMINGTON ROAD  
SUITE ONE  
OAKLAND, FL 34787 US

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: DEBRA BROWN

04/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DOUGHERTY, KEN  
Address: 2700 N. PENINSULA AVE., #242  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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

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

Title: D  
Name: WALBURN, KEITH  
Address: 3940 RADIO ROAD, STE. 105  
City-St-Zip: NAPLES, FL 34104

Title: VD  
Name: WILLIAMS, EDWARD  
Address: 30 REMINGTON ROAD, SUITE ONE  
City-St-Zip: OAKLAND, FL 34787

Title: D  
Name: BROWN, DEBRA  
Address: 30 REMINGTON ROAD, SUITE ONE  
City-St-Zip: OAKLAND, FL 34787

I hereby 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 all other like empowered.

SIGNATURE: DEBRA BROWN

D

04/28/2010

Electronic Signature of Signing Officer or Director

Date