## 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: New Principal Place of Business:

217 N KIRKMAN RD 30 REMINGTON ROAD

SUITE ONE SUITE ONE

ORLANDO, FL 32811 US OAKLAND, FL 34787 US

Current Mailing Address: New Mailing Address:

217 N KIRKMAN RD 30 REMINGTON ROAD

SUITE ONE SUITE ONE

ORLANDO, FL 32811 US 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: Name and Address of New Registered Agent:

BROWN, DEBRA
217 N KIRKMAN RD
30 REMINGTON ROAD
SUITE ONE
ORLANDO, FL 32811 US
SHOWN, 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:**

Γitle: 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:

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