

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849941

FILED
May 24, 2004
Secretary of State

Entity Name: TOURETTE SYNDROME ASSOCIATION, INC.

Current Principal Place of Business:

42-40 BELL BLVD.
SUITE 205
BAYSIDE, NY 11361

New Principal Place of Business:

Current Mailing Address:

42-40 BELL BLVD.
SUITE 205
BAYSIDE, NY 11361

New Mailing Address:

FEI Number: 23-7191992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURRY, ELEANOR
138 W. LEON LANE
COCOA BEACH, FL 32931 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: CD () Delete
Name: COOK, FRED
Address: 6415 WOODBERRY CT.
City-St-Zip: EAST AMHERST, NY 14051

Title: VCD () Delete
Name: REDMAN, MONTE
Address: 69 THIRD STREET
City-St-Zip: GARDEN CITY, NY 11530

Title: SD () Delete
Name: COLLINS, RAMONA M.ED.
Address: 1605 CARLISLE COURT
City-St-Zip: OKLAHOMA CITY, OK 73120

Title: VCD () Delete
Name: WEEDA, BRENDA
Address: 802 EDSON STREET
City-St-Zip: LYNDEN, WA 98264

Title: VCD () Delete
Name: MALLAH, DIANE
Address: 479 GREENBRIAR CT
City-St-Zip: NORTH HILLS, NY 11576

Title: TD () Delete
Name: KANE, ALICE
Address: 609 FIFTH AVENUE, SECOND FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: BUSH, ILSA
Address: 4353 WARREN STREET, N.W.
City-St-Zip: WASHINGTON, DC 20016

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 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 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: FRED COOK

CD

05/24/2004

Electronic Signature of Signing Officer or Director

Date