

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849941

FILED
Mar 26, 2009
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: MOELIS, KENNETH D
Address: 1112 SCHUYLER RD
City-St-Zip: BEVERLY HILLS, CA 90210

Title: VCD () Delete
Name: THOMAS BAKER, NANCY
Address: 1323 LANCIA DR
City-St-Zip: MCLEAN, VA 22102

Title: SD () Delete
Name: KRAMER, VIKTORIA
Address: 4235 MARY ELLEN AVE, #106
City-St-Zip: STUDIO CITY, CA 91604

Title: VCD () Delete
Name: ASHINOFF, REID
Address: 22 BROADFIELD RD
City-St-Zip: NEW ROCHELLE, NY 10804

Title: VCD () Delete
Name: SQUILLA, DENNIS
Address: 282 ACKERTOWN RD
City-St-Zip: MONSEY, NY 10952

Title: TD () Delete
Name: NOWILL, DONALD T
Address: 41 TAYLOR CROSSWAY
City-St-Zip: BROOKLINE, MA 02445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCD (X) Change () Addition
Name: THOMAS BAKER, NANCY
Address: 66 HYLER STREET
City-St-Zip: THOMASTON, ME 04861

Title: SD (X) Change () Addition
Name: PAUL, DEVORE
Address: 6345 BALBOA BLVD., SUITE 290
City-St-Zip: ENCINO, CA 91316

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

Title: VCD (X) Change () Addition
Name: MALLAH, DIANE
Address: 479 GREENBRIAR COURT
City-St-Zip: ROSLYN, NY 11576

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: KENNETH D. MOELIS

CD

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date