

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 16, 2004
Secretary of State**

DOCUMENT# N01000000682

Entity Name: GREGORY C. DOYLE NEUROLOGICAL FOUNDATION, INC.

Current Principal Place of Business:

10150 BELLE RIVE BLVD #1907
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10150 BELLE RIVE BLVD #1907
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3698329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, GREGORY C
10150 BELLE RIVE BLVD #1907
JACKSONVILLE, FL 32256

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: D () Delete
Name: DOYLE, GREGORY C
Address: 10150 BELLE RIVE BLVD #1907
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: BAKER, MERITA A
Address: 10150 BELLE RIVE BLVD #1907
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: ELTOUNI, PATRICIA J
Address: 8172 BAYTREE TOWN CIR EAST
City-St-Zip: JACKSONVILLE, FL 32256

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:

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: GREGORY C DOYLE

D

08/16/2004

Electronic Signature of Signing Officer or Director

_____ Date