


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90058 020 ****61.25

DOCUMENT # N02000003552	
1. Entity Name THE MOVEMENT DISORDERS SOCIETY OF SOUTHWEST FLORIDA FOUNDATION, INC.	

Principal Place of Business P.O. BOX 1823 VENICE, FL 34285 US	Mailing Address P.O. BOX 1823 VENICE, FL 34285
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2. Principal Place of Business PO BOX 494506	3. Mailing Address PO BOX 494506
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL
Zip 33949	Country USA

6. Name and Address of Current Registered Agent SWANSON, SUSAN 2210 AARON ST PORT CHARLOTTE, FL 33952	
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7. Name and Address of New Registered Agent Name TRACY CELEBRADO Street Address (P.O. Box Number is Not Acceptable) 2525 HARBOR BLVD, STE 312 City PORT CHARLOTTE FL Zip Code 33952	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Tracy Celebrado</i></u> DATE <u>1/16/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, SUSAN 2210 AARON ST PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY CELEBRADO 2525 HARBOR BLVD, STE 312 PORT CHARLOTTE FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIL, RAMON A MD 2525 HARBOR BLVD. SUITE 312 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETRICH, CANDICE 4379 HARBOR BLVD PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u><i>Tracy Celebrado</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/16/06</u> (941) 743-4987 <small>Date Daytime Phone #</small>

60011707



01162006 Chg-NP CR2E037 (11/05)