

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004613

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** FOUNDATION FOR NEUROLOGY RESEARCH, INC.

**Current Principal Place of Business:**

3849 OAKWATER CIRCLE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

3849 OAKWATER CIRCLE  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 03-0469928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M ESQ.  
430 N. MILLS AVE.  
SUITE 4  
ORLANDO, FL 32803 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: PTD ( ) Delete  
Name: JACOBS, DANIEL H  
Address: 3849 OAKWATER CIRCLE  
City-St-Zip: ORLANDO, FL 32806 US

Title: VSD ( ) Delete  
Name: KLAFTER, MARK J  
Address: 3849 OAKWATER CIRCLE  
City-St-Zip: ORLANDO, FL 32806 US

Title: D ( ) Delete  
Name: BAILL, CORI  
Address: 244 SYLVAN BLVD  
City-St-Zip: WINTER PARK, FL 32789 US

Title: D ( ) Delete  
Name: FISHBON, MARK  
Address: 1811 CENTRE ST  
City-St-Zip: WEST ROXBURY, MA 02132 US

Title: D ( ) Delete  
Name: DANHOF, ETHEL  
Address: 1808 MISTY MORN PL  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D ( ) Delete  
Name: HALPERN, DANIEL  
Address: 2758 UTICA AVE S  
City-St-Zip: MINNEAPOLIS, MN 55416 US

**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:

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 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: DANIEL H JACOBS

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date