

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004613

FILED
Apr 24, 2011
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 (X)

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
Name: JACOBS, DANIEL H
Address: 3849 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806 US

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DANIEL H JACOBS

PRES

04/24/2011

Electronic Signature of Signing Officer or Director

Date