

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001078

FILED  
Jan 24, 2009  
Secretary of State

**Entity Name:** EDUCATING PEOPLE ABOUT MENINGITIS, INC

**Current Principal Place of Business:**

1203 NORTH FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 292-577  
DAVIE, FL 33329

**New Mailing Address:**

**FEI Number:** 65-0745597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONONIE, SEAN A  
1203 NORTH FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020 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: P ( ) Delete  
Name: CONONIE, SEAN A  
Address: 1203 NORTH FEDERAL HIGHWAY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: V ( ) Delete  
Name: CROSS, LOIS  
Address: 1203 NORTH FEDERAL HIGHWAY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: S ( ) Delete  
Name: TARGETT, MARK  
Address: 1203 NORTH FEDERAL HIGHWAY  
City-St-Zip: HOLLYWOOD, FL 33020

**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 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: LOIS CROSS

V

01/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date