

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011095

FILED
Jan 16, 2009
Secretary of State

Entity Name: TYLER'S HOPE FOR DYSTONIA CURE, INC.

Current Principal Place of Business:

13351 PROGRESS BLVD
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

13351 PROGRESS BLVD
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 20-3733312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAAB, RICHARD A
13351 PROGRESS BLVD
ALACHUA, FL 32615 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: PD () Delete
Name: STAAB, RICHARD A
Address: 6319 SW 37TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: SEAGROVES, THEODORE B III
Address: 402 HIGHGROVE
City-St-Zip: CHAPEL HILL, NC 27516

Title: TD () Delete
Name: STAAB, KENNETH E
Address: 14141 TIMBERGREEN DR
City-St-Zip: HUNTERSVILLE, NC 28078

Title: D () Delete
Name: STAAB, MICHELLE I
Address: 6319 SW 37TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: STAAB, EDWARD V
Address: 185 ASHTON PLACE CIR
City-St-Zip: WINSTON-SALEM, NC 27106

Title: D () Delete
Name: KINSELL, MILES
Address: 224 SOUTHWEST SECOND AVENUE
City-St-Zip: GAINESVILLE, FL 32601

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: D (X) Change () Addition
Name: MARTI, JOHN
Address: 13400 PROGRESS BLVD
City-St-Zip: ALACHUA, FL 32615

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: RICHARD A. STAAB

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date