


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 037 ****61.25

DOCUMENT # N05000011926	
1. Entity Name "NORTH FLORIDA PARKINSON AWARENESS GROUP, INC."	

Principal Place of Business P.O. BOX 14722 TALLAHASSEE, FL 32317-4722	Mailing Address P.O. BOX 14722 TALLAHASSEE, FL 32317-4722
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01182008 Chg-NP CR2E037 (12/06)

4. FEI Number 74-3154511	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCOY, RANDY 3718 CORINTH DR TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name <u>Patricia Hunt</u> Street Address (P.O. Box Number is Not Acceptable) <u>8421 Augustwood Lane</u> City <u>Tallahassee</u> FL Zip Code <u>32311</u>
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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>Patricia Hunt</u> Signature, typed or printed name of registered agent and title if applicable.	<u>Patricia Hunt, Acting President 4/9/08</u> (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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	PRES MCCOY, RANDY L 3718 CORINTH DR TALLAHASSEE, FL 32308 <input checked="" 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	VP WOOTEN, KATHY 1125 BRANDT DRIVE TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWISHER, BETH 3014 BRANDEMERE DR TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDLER, STEVE 803 CHESTWOOD AVE TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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>Patricia Hunt</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Patricia Hunt</u> Date	<u>4/9/08</u> Daytime Phone #
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