

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011926

FILED
Mar 02, 2009
Secretary of State

Entity Name: "NORTH FLORIDA PARKINSON AWARENESS GROUP, INC."

Current Principal Place of Business:

P.O.BOX 14722
TALLAHASSEE, FL 323174722

New Principal Place of Business:

8421 AUGUSTWOOD LANE
TALLAHASSEE, FL 32311 US

Current Mailing Address:

P.O.BOX 14722
TALLAHASSEE, FL 323174722

New Mailing Address:

FEI Number: 74-3154511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT, PATRICIA
8421 AUGUSTWOOD LANE
TALLAHASSEE, FL 32311 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: VP () Delete
Name: HUNT, PATRICIA
Address: 8421 AUGUSTWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: S () Delete
Name: COYNE, JEAN D
Address: 914 LOTHIAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: INGRAM, MARY ELLA D
Address: 3283 E. SHANNON LAKES DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HUNT, PATRICIA
Address: 8421 AUGUSTWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: S (X) Change () Addition
Name: COYNE, JEAN D
Address: 914 LOTHIAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: T (X) Change () Addition
Name: MERRITT, CHRISTOPHER L
Address: 8854 FAITHFUL TRACE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: P () Change (X) Addition
Name: SANDLER, STEPHEN
Address: 803 CHESTWOOD AVENUE
City-St-Zip: TALLAHASSEE, FL 32303 US

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: PATRICIA HUNT

VP

03/02/2009

Electronic Signature of Signing Officer or Director

Date