

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002885

FILED  
Aug 27, 2007  
Secretary of State

**Entity Name:** THE ERIC DOLCH CHILDREN'S ENCEPHALITIS FOUNDATION, INC.

**Current Principal Place of Business:**

164 WORTH CT SOUTH  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

927 45TH STREET  
SUITE 206  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

164 WORTH CT SOUTH  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 71-1000374      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

NORRIS, DAVID B  
712 US HWY 1 SUITE 400  
N PALM BEACH, FL 33408      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: D      (X) Delete  
Name: BROWNE, OLIN  
Address: 9562 SE SANDPINE LANE  
City-St-Zip: HOBE SOUND, FL 33455

Title: D      (X) Delete  
Name: CARBONE, EDDIE  
Address: 37 CAYMAN PLACE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D      (X) Delete  
Name: DOLCH, CRAIG  
Address: 164 WORTH CT SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D      ( ) Delete  
Name: ESPY, ALAN  
Address: 12400 PLANTATION LANE  
City-St-Zip: N PALM BEACH, FL 33408

Title: D      (X) Delete  
Name: KENNERLY, KEN  
Address: 18559 SE PALM ISLAND LANE  
City-St-Zip: JUPITER, FL 33458

Title: D      ( ) Delete  
Name: LAUGHLIN, ART  
Address: 2750 CLUBHOUSE PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409

**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:      ( ) 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: PAUL C. BREMER

D

08/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date