
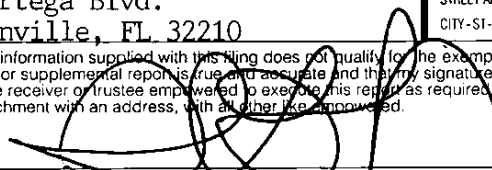


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90062 033 ****61.25

DOCUMENT # N06000002885					
1. Entity Name THE ERIC DOLCH CHILDREN'S ENCEPHALITIS FOUNDATION, INC.					
Principal Place of Business 927 45TH STREET SUITE 206 WEST PALM BEACH, FL 33407			Mailing Address 164 WORTH CT SOUTH WEST PALM BEACH, FL 33405		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 71-1000374	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORRIS, DAVID B 712 US HWY 1 SUITE 400 N PALM BEACH, FL 33408			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESPY, ALAN	NAME			
STREET ADDRESS	12400 PLANTATION LANE	STREET ADDRESS			
CITY-ST-ZIP	N PALM BEACH, FL 33408	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LAUGHLIN, ART	NAME	Kevin Murphy		
STREET ADDRESS	2750 CLUBHOUSE PLACE	STREET ADDRESS	245 Golfview Drive		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	Tequesta, FL 33469		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	David Norris	NAME			
STREET ADDRESS	131 Davit Drive	STREET ADDRESS			
CITY-ST-ZIP	North Palm Beach, FL 33408	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Barbara Nicklaus	NAME	Dottie Pepper		
STREET ADDRESS	11780 U.S. Highway One, Ste 500	STREET ADDRESS			
CITY-ST-ZIP	North Palm Beach, FL 33408	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Frank Peard	NAME	Tim Rosaforte		
STREET ADDRESS	712 East Third Street	STREET ADDRESS	109 Marlberry Circle		
CITY-ST-ZIP	Hinsdale, ILL 60521	CITY-ST-ZIP	Jupiter, FL 33458		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Gil Pomar III	NAME	Ava Van de Water		
STREET ADDRESS	4957 Ortega Blvd.	STREET ADDRESS	164 Worth Court So		
CITY-ST-ZIP	Jacksonville, FL 32210	CITY-ST-ZIP	West Palm Beach, FL 33405		
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 approved.					
SIGNATURE: 			8/4/08 561.844.3600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #