

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002885

FILED  
Apr 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 ( )

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

Title: D      ( ) Delete  
Name: MURPHY, KEVIN  
Address: 245 GOLFVIEW DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: D      ( ) Delete  
Name: NORRIS, DAVID  
Address: 131 DAVIT DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D      ( ) Delete  
Name: PEPPER, DOTTIE  
Address: 11780 U.S. HIGHWAY ONE, STE 500  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D      ( ) Delete  
Name: ROSAFORTE, TIM  
Address: 109 MARLBERRY CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: D      ( ) Delete  
Name: VAN DE WATER, AVA  
Address: 164 WORTH COURT SO  
City-St-Zip: WEST PALM BEACH, FL 33405

**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: DAVID B. NORRIS

D

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date