

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005702

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** THE NORTH FLORIDA STROKE COALITION, INC.

**Current Principal Place of Business:**

424 EAST CENTRAL BOULEVARD  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

424 EAST CENTRAL BOULEVARD  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

G&L AGENT SERVICES, INC.  
390 NORTH ORANGE AVAENUE  
SUITE 600  
ORLANDO, FL 32801 US

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

ALLEN, EVAN D DR  
424 EAST CENTRAL BLVD  
ORLANDO, FL 32801 US

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: EVAN ALLEN

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR ( ) Change (X) Addition  
Name: ALLEN, EVAN D  
Address: 424 EAST CENTRAL BLVD  
City-St-Zip: ORLANDO, FL 32801 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: EVAN ALLEN

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date