

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003062

FILED  
Mar 14, 2009  
Secretary of State

**Entity Name:** CHRISTOPHER S. BURTON SYRINGOMYELIA FOUNDATION, INC.

**Current Principal Place of Business:**

3701 NW 5TH AVE  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

103 ROYAL PARK DRIVE  
#4A  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 20-8703557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALDRIDGE, PAUL  
3701 NW 5TH AVE  
FT. LAUDERDALE, FL 33309 US

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

DEMETER, MARK D VP  
2129 NOVA VILLAGE DRIVE  
DAVIE, FL 33317 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: MARK D DEMETER

03/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BURTON, CHRISTOPHER S  
Address: 103 ROYAL PARK DRIVE, #4A  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP ( ) Delete  
Name: DEMETER, MARK D  
Address: 2129 NOVA VILLAGE DRIVE  
City-St-Zip: DAVIE, FL 33317

Title: S (X) Delete  
Name: ALDRIDGE, PAUL  
Address: 3701 NW 5TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33309

**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:

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: MARK D DEMETER

VP

03/14/2009

Electronic Signature of Signing Officer or Director

Date