

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003023

FILED  
Jun 26, 2009  
Secretary of State

**Entity Name:** NEURO CHALLENGE FOUNDATION, INC.

**Current Principal Place of Business:**

7921 KERYN HAMMOCK CT  
SARASOTA, FL 34240

**New Principal Place of Business:**

5880 RAND BLVD  
209  
SARASOTA, FL 34236

**Current Mailing Address:**

7921 KERYN HAMMOCK CT  
SARASOTA, FL 34240

**New Mailing Address:**

4411 BEE RIDGE ROAD  
246  
SARASOTA, FL 34233

FEI Number: 26-2311656      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

SUTHERLAND, DOREEN  
7921 KERYN HAMMOCK CT  
SARASOTA, FL 34240      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SUTHERLAND, DOREEN  
Address: 7921 KERYN HAMMOCK CT  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: COLEY, MARIAN  
Address: 19 LAKEVIEW ROAD  
City-St-Zip: RINGWOOD, NJ 07456

Title: D ( ) Delete  
Name: STEVENS, RICHARD  
Address: 3091 HIGHLANDS RIDGE DRIVE  
City-St-Zip: SARASOTA, FL 34239

**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: DOREEN SUTHERLAND

CEO

06/26/2009

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

\_\_\_\_\_  
Date