

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003023

FILED
Jan 05, 2012
Secretary of State

Entity Name: NEURO CHALLENGE FOUNDATION, INC.

Current Principal Place of Business:

5880 RAND BLVD
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

4411 BEE RIDGE ROAD
SUITE 246
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 26-2311656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, DOREEN
4411 BEE RIDGE ROAD
SUITE 246
SARASOTA, FL 34233 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
Name: SUTHERLAND, DOREEN
Address: 5880 RAND BLVD
City-St-Zip: SARASOTA, FL 34238

Title: D
Name: PENXA, CARL
Address: 120 LOBLOLY LANE
City-St-Zip: NOKOMIS, FL 34275

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

Title: D
Name: DAVENPORT, PAULA
Address: 502 E. MACEWEN DRIVE
City-St-Zip: OSPREY, FL 34299

Title: D
Name: GORDON, CHERYL
Address: 240 S. PINEAPPLE AVE 10TH FLOOR
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: LANDAUER, JANICE
Address: 3443 HADFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

I hereby 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 all other like empowered.

SIGNATURE: DOREEN SUTHERLAND

P

01/05/2012

Electronic Signature of Signing Officer or Director

Date