

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30386 (9)
1. Corporation Name

THE GROUP FOR NEUROSCIENCE RESEARCH AND EDUCATION, INC.

Principal Place of Business	Mailing Address
1215 Louisiana Ave. Winter Park, FL 32789	1215 Louisiana Ave. Winter Park, FL 32789

3. Date Incorporated or Qualified 02/02/1989	3a. Date of Last Report 05/01/1995
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21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2936207	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

STRONG, HOPE
200 W. WELLBORNE AVE.
WINTER PARK, FL 32789

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, DIANE	1.2 NAME	
STREET ADDRESS	1320 CRESCENT LAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEBEL, JUDITH A.	2.2 NAME	
STREET ADDRESS	400 OAKHURST ST.,	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS., FL 32701	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLERY, KATHY	3.2 NAME	
STREET ADDRESS	2390 LAKEVIEW AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, ANNA	4.2 NAME	
STREET ADDRESS	702 DRIVER	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKES, GEORGE ROBERT	5.2 NAME	
STREET ADDRESS	1003 LEE LANE	5.3 STREET ADDRESS	400001825184
CITY-ST-ZIP	LEESBURG, FL	5.4 CITY-ST-ZIP	-05/16/96--01100--025
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

Judith A. Riebel, Director

SIGNATURE: Judith A. Riebel (407) 644-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)