


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N30386 (9)

1. Corporation Name
THE GROUP FOR NEUROSCIENCE RESEARCH AND EDUCATION, INC.

Principal Place of Business 1215 LOUISIANA AVE. WINTER PARK FL 32789	Mailing Address 1215 LOUISIANA AVE. WINTER PARK FL 32789
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 02/02/1989	4. FEI Number 59-2936207	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

STRONG, HOPE
200 W WELLBORNE AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D REILLY, DIANE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1320 CRESCENT LAKE DR	1.2 NAME	
STREET ADDRESS	WINDERMERE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D RIEBEL, JUDITH A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 OAKHURST ST	2.2 NAME	
STREET ADDRESS	ALTAMONTE SPRGS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HILLERY, KATHY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2390 LAKEVIEW AVE	3.2 NAME	
STREET ADDRESS	CLERMONT FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T ROWE, ANNA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	702 DRIVER	4.2 NAME	
STREET ADDRESS	WINTER PARK FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WILKES, GEORGE ROBERT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1003 LEE LANE	5.2 NAME	
STREET ADDRESS	LEESBURG FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D REILLY, DIANE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1320 CRESCENT LAKE DR	1.2 NAME	
STREET ADDRESS	WINDERMERE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D RIEBEL, JUDITH A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 OAKHURST ST	2.2 NAME	
STREET ADDRESS	ALTAMONTE SPRGS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HILLERY, KATHY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2390 LAKEVIEW AVE	3.2 NAME	
STREET ADDRESS	CLERMONT FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T ROWE, ANNA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	702 DRIVER	4.2 NAME	
STREET ADDRESS	WINTER PARK FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WILKES, GEORGE ROBERT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1003 LEE LANE	5.2 NAME	
STREET ADDRESS	LEESBURG FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Judith A Riebel* Judith A Riebel 4-30-98 (407)644-2121

CR2E037 (10/97)