


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N30386
 1. Entity 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
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04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2936207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MULLER, WALTER J III
 1215 LOUISIANA AVENUE
 WINTER PARK, FL 32789

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REILLY, DIANE
STREET ADDRESS	1320 CRESCENT LAKE DR
CITY-ST-ZIP	WINDERMERE, FL
TITLE	D
NAME	RIEBEL, JUDITH A
STREET ADDRESS	400 OAKHURST ST
CITY-ST-ZIP	ALTAMONTE SPRGS, FL
TITLE	T
NAME	ROWE, ANNA
STREET ADDRESS	702 DRIVER
CITY-ST-ZIP	WINTER PARK, FL
TITLE	D
NAME	WILKES, GEORGE ROBERT
STREET ADDRESS	1003 LEE LANE
CITY-ST-ZIP	LEESBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/05/04-30071-012 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith A. Riebel Director 4-3004 407-644-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #