


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N30386</b>	
1. Entity Name <b>THE GROUP FOR NEUROSCIENCE RESEARCH AND EDUCATION, INC.</b>	

Principal Place of Business <b>1215 LOUISIANA AVE.          WINTER PARK, FL 32789</b>	Mailing Address <b>1215 LOUISIANA AVE.          WINTER PARK, FL 32789</b>
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**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-NP CR2E037 (10/03)

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

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**


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

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

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 04/19/05-80081-004 70.00

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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 an other like empowered.

SIGNATURE:  **4/12/05** **407-644-2121** X321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #