


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2007 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 1451 TEMPLE DR WINTER PARK FL 32789		Mailing Address 1451 TEMPLE DR WINTER PARK FL 32789	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>MULLER, WALTER J III 1451 TEMPLE DR WINTER PARK FL 32789</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"> <span style="font-size: 1.2em;"><b>FL</b></span>    Zip Code                 </div>	
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.			



1st MOORE      CR2E037 (10/06)

4. FEI Number      **59-2936207**      Applied For / Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	REILLY, DIANE	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		1320 CRESCENT LAKE DR		NAME		U00000616978	
STREET ADDRESS		WINDERMERE FL		STREET ADDRESS		02/07/07-80055-010 61.25	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	RIEBEL, JUDITH A	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		400 OAKHURST ST		NAME			
STREET ADDRESS		ALTAMONTE SPRGS FL		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	SYMONS, PEGGY	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		804 SNOW QUEEN DR		NAME			
STREET ADDRESS		CHULUOTA FL 32766		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Walter J Muller Administrator*      1/29/07      (407) 644-285