

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40395

FILED
Apr 15, 2007
Secretary of State

Entity Name: FLORIDA NARCOLEPSY ASSOCIATION, INC.

Current Principal Place of Business:

2631 59TH ST
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

2631 59TH ST
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 59-3033120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIKOVIC, MARION L
2631 59TH ST
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOURDON, TERRY
Address: 391 GARDEN RD
City-St-Zip: VENICE, FL 34293 US

Title: D () Delete
Name: BETTS, MARY
Address: 10457 COOPERWOOD DR.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D () Delete
Name: FAY, ROBERT
Address: 16211 2ND ST. E.
City-St-Zip: SAINT PETERSBURG, FL 33706 US

Title: VSTD () Delete
Name: CIKOVIC, MARION L
Address: 2631 59TH ST
City-St-Zip: SARASOTA, FL 34243 US

Title: D () Delete
Name: RHODES, RON
Address: 3773 WAKE AVE.
City-St-Zip: SARASOTA, FL 34240 US

Title: D () Delete
Name: MILLMAN, NEAL
Address: 2217 NW 3RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION L. CIKOVIC

Electronic Signature of Signing Officer or Director

VSTD

04/15/2007

Date