


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90127 049 ****61.25

DOCUMENT # N40395
1. Entity Name
FLORIDA NARCOLEPSY ASSOCIATION, INC.



Principal Place of Business Mailing Address
**2631 59TH ST
SARASOTA FL 34243
US** **P O BOX 15352
SARASOTA FL 34277
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3033120** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**CIKOVIC, MARION L
2631 59TH ST
SARASOTA FL 34243**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Marion L. Cikovic* *2/28/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

TITLE NAME	PD HORN, PAUL C	<input type="checkbox"/> Delete
STREET ADDRESS	5611 BAYSHORE RD LOT 16	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE NAME	D BETTS, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	10457 COOPERWOOD DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE NAME	D FAY, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	16211 2ND ST. E.	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE NAME	VSTD CIKOVIC, MARION L	<input type="checkbox"/> Delete
STREET ADDRESS	2631 59TH ST	
CITY-ST-ZIP	SARASOTA FL 34243-2439	
TITLE NAME	D RHODES, RON	<input type="checkbox"/> Delete
STREET ADDRESS	3773 WAKE AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	D CIKOVIC, FRANK C	<input type="checkbox"/> Delete
STREET ADDRESS	2631 59TH ST	
CITY-ST-ZIP	SARASOTA FL 34243	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	33706	
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	34240	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marion L. Cikovic* *2/28/03* *941-355-5359*

CR2E037 (10/02)