

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000959

1. Entity Name
GHANA NEUROLOGICAL FOUNDATION, INC.



Principal Place of Business
**1909 EAST BROAD STREET
TAMPA, FL 33610**

Mailing Address
**1909 EAST BROAD STREET
TAMPA, FL 33610**



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3162106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NYAKO, RICHARD A DR.
1909 EAST BROAD STREET
TAMPA, FL 33610**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	COB NYAKO, RICHARD A 1909 EAST BROAD STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ABATSO, GEORGE W 2526 CONCORDANT TRAIL DALLAS, TX 75237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ABATSO, YVONNE R 2526 CONCORDANT TRAIL DALLAS, TX 75237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DIAZ, JOSE ANGEL 1605 CHARBOURG DRIVE PLANO RK, TX 75075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIAREK, BARBARA 8507 NORTH BRANCH STREET TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CLARKE, ROBERT 205 WEST BUSCH BLVD TAMPA, FL 33612

000000181250
01/14/05-80037-011 75.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.10.05

Date

813-238-3991

Daytime Phone #