

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000959

FILED
Jan 05, 2006
Secretary of State

Entity Name: GHANA NEUROLOGICAL FOUNDATION, INC.

Current Principal Place of Business:

1909 EAST BROAD STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1909 EAST BROAD STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3162106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NYAKO, RICHARD A DR.
1909 EAST BROAD STREET
TAMPA, FL 33610 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: COB () Delete
Name: NYAKO, RICHARD A
Address: 1909 EAST BROAD STREET
City-St-Zip: TAMPA, FL 33610

Title: CEO () Delete
Name: ABATSO, GEORGE W
Address: 2526 CONCORDANT TRAIL
City-St-Zip: DALLAS, TX 75237

Title: BM () Delete
Name: ABATSO, YVONNE R
Address: 2526 CONCORDANT TRAIL
City-St-Zip: DALLAS, TX 75237

Title: BM () Delete
Name: DIAZ, JOSE ANGEL
Address: 1605 CHARBOURG DRIVE
City-St-Zip: PLANO RK, TX 75075

Title: S () Delete
Name: WIAREK, BARBARA
Address: 8507 NORTH BRANCH STREET
City-St-Zip: TAMPA, FL 33604

Title: BM () Delete
Name: CLARKE, ROBERT
Address: 205 WEST BUSCH BLVD
City-St-Zip: TAMPA, FL 33612

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:

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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: R. A. NYAKO, MD

COB

01/05/2006

Electronic Signature of Signing Officer or Director

Date