

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000004475 (8)

1. Corporation Name
THE NEUROSCIENCE RESEARCH FOUNDATION OF FLORIDA, INC.



Principal Place of Business: **2526 NORTHWEST 55TH BLVD. GAINESVILLE FL 32653**
 Mailing Address: **2526 NORTHWEST 55TH BLVD. GAINESVILLE FL 32653**

3. Date Incorporated or Qualified: **09/19/1995**
 3a. Date of Last Report: **NA**

2. Principal Place of Business
 21. ~~Street Address~~
 Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. Zip Country
 25. Country
 26. Mailing Address
 27. Suite, Apt. #, etc.
 28. City & State
 29. Zip
 30. Country

4. FEI Number: **59 3336210**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BATES, EDRIC R
2526 N.W. 55TH BLVD.
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BATES, EDRIC R	
STREET ADDRESS	2526 NORTHWEST 55TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BATES, BRENDA M	
STREET ADDRESS	2526 NORTHWEST 55TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDANIEL, ANN	
STREET ADDRESS	2220 NORTHWEST 55TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001896185
5.3 STREET ADDRESS	-07/17/96--01028--016
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>Handwritten initials</i>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann McDaniel* **6/24/96** **352 965 5926**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (3/96)