

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90231 001 ***422.50

DOCUMENT # N98000002660

1. Entity Name
**THE FOUNDATION FOR THE ADVANCEMENT OF
REHABILITATIVE AND MOVEMENT SCIENCES, INC.**



Principal Place of Business
**1 UNIVERSITY BLVD.
ST AUGUSTINE, FL 32086**

Mailing Address
**1 UNIVERSITY BLVD.
ST AUGUSTINE, FL 32086**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3535131

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARIS, STANLEY V
1 UNIVERSITY BLVD.
ST AUGUSTINE, FL 32086**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARIS, STANLEY V
STREET ADDRESS 1 UNIVERSITY BLVD.
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE VSTD
NAME PARIS, CATHERINE P
STREET ADDRESS 1 UNIVERSITY BLVD.
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE D
NAME ANDERSON, MATTHEW
STREET ADDRESS 1 UNIVERSITY BLVD.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Matthew Anderson
Director

Date

4/27/06

Daytime Phone #