

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90002 040 ****61.25

DOCUMENT # N99000007199

1. Entity Name
TAKE CHARGE! CURE PARKINSONS, INC.



Principal Place of Business
1489 W. PALMETTO PARK ROAD
SUITE 442
BOCA RATON, FL 33486

Mailing Address
1489 W. PALMETTO PARK ROAD
SUITE 442
BOCA RATON, FL 33486

54062361



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0967819

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDES, ALISON S
~~300 W. ROYAL PALM ROAD~~ 8749 Belle Aire Drive
~~BOCA RATON, FL 33432-4744~~ Boca Raton, FL
33433

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

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 September 8, 2004

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 CD ☐ Delete
NAME LANDES, ALISON
STREET ADDRESS 3205 SE 7TH STREET STE 107
CITY-ST-ZIP POMPAHO BEACH, FL 33062

TITLE SD ☐ Delete
NAME BRENES, LYNN
STREET ADDRESS 5646 WELLESLEY PARK, #202
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE TD ☐ Delete
NAME BERNGARD, GLENN CPA
STREET ADDRESS 6421 CONGRESS AVE., STE. 100
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Change ☐ Addition
NAME LANDES, ALISON
STREET ADDRESS 8749 Belle Aire Drive
CITY-ST-ZIP Boca Raton, FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alison Landes

7/9/04

561 488 0095