

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766373

FILED
Mar 16, 2018
Secretary of State
CC8793078885**Entity Name:** FLORIDA CHIROPRACTIC FOUNDATION FOR EDUCATION AND RESEARCH, INC.**Current Principal Place of Business:**30 REMINGTON ROAD
SUITE ONE
OAKLAND, FL 34787**Current Mailing Address:**30 REMINGTON ROAD
SUITE ONE
OAKLAND, FL 34787 US**FEI Number: 59-2434533****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROWN, DEBRA
30 REMINGTON ROAD
SUITE ONE
OAKLAND, FL 34787 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	DOUGHERTY, KEN
Address	2700 N. PENINSULA AVE., #242
City-State-Zip:	NEW SMYRNA BEACH FL 32169
Title	DIRECTOR
Name	FRAZIER, JOHN
Address	1107 E. SILVER SPRINGS BLVD., UNIT 6
City-State-Zip:	OCALA FL 34470
Title	VD
Name	WILLIAMS, EDWARD
Address	30 REMINGTON ROAD, SUITE ONE
City-State-Zip:	OAKLAND FL 34787

Title	TREASURER
Name	LUSBY, BETHANY
Address	220 EAST CENTRAL PARKWAY, STE. 1040
City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	DIRECTOR
Name	BAUM, MICHAEL
Address	1175 71ST STREET
City-State-Zip:	MIAMI BEACH FL 33141
Title	D
Name	BROWN, DEBRA
Address	30 REMINGTON ROAD, SUITE ONE
City-State-Zip:	OAKLAND FL 34787

I hereby 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 all other like empowered.

SIGNATURE: DEBRA BROWN**DIRECTOR****03/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date