

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766373

**Entity Name:** FLORIDA CHIROPRACTIC FOUNDATION FOR EDUCATION AND RESEARCH, INC.**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC4356085643****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            | GORDON, JEREMY      |
| Address         | 905 N. STONE STREET |
| City-State-Zip: | DELAND FL 32720     |

|                 |                              |
|-----------------|------------------------------|
| Title           | VD                           |
| Name            | WILLIAMS, EDWARD             |
| Address         | 30 REMINGTON ROAD, SUITE ONE |
| City-State-Zip: | OAKLAND FL 34787             |

|                 |                                |
|-----------------|--------------------------------|
| Title           | TREASURER                      |
| Name            | LUSBY, BETHANY                 |
| Address         | 555 WINDERLEY PLACE, SUITE 400 |
| City-State-Zip: | MAITLAND FL 32751              |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | CHANCE, MICHAEL      |
| Address         | 1240 N.W. 11TH AVE.  |
| City-State-Zip: | GAINESVILLE FL 32601 |

|                 |                              |
|-----------------|------------------------------|
| 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****04/23/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date