

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002885

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC4608439270**

**Entity Name:** THE ERIC DOLCH CHILDREN'S ENCEPHALITIS FOUNDATION, INC.

**Current Principal Place of Business:**

11770 U.S. HIGHWAY ONE  
SUITE 303  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

11770 US HIGHWAY ONE  
STE 303  
NORTH PALM BEACH, FL 33408 US

**FEI Number: 71-1000374**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NORRIS, DAVID B  
712 US HWY 1 SUITE 400  
N PALM BEACH, FL 33408 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 D  
Name ESPY, ALAN  
Address 12400 PLANTATION LANE  
City-State-Zip: N PALM BEACH FL 33408

Title D  
Name MURPHY, KEVIN  
Address 245 GOLFOVIEW DRIVE  
City-State-Zip: TEQUESTA FL 33469

Title D  
Name NORRIS, DAVID  
Address 131 DAVIT DRIVE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title D  
Name PEPPER, DOTTIE  
Address 11780 U.S. HIGHWAY ONE, STE 500  
City-State-Zip: NORTH PALM BEACH FL 33408

Title D  
Name ROSAFORTE, TIM  
Address 109 MARLBERRY CIRCLE  
City-State-Zip: JUPITER FL 33458

Title D  
Name VAN DE WATER, AVA  
Address 164 WORTH COURT SO  
City-State-Zip: WEST PALM BEACH FL 33405

*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: DAVID NORRIS**

**DIRECTOR**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date