## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30386

Entity Name: THE GROUP FOR NEUROSCIENCE RESEARCH AND

EDUCATION, INC.

**Current Principal Place of Business:** 

1111 S. LAKEMONT AVE. # 620

WINTER PARK, FL 32792

**Current Mailing Address:** 

1111 S. LAKEMONT AVE.

# 620

WINTER PARK, FL 32792

FEI Number: 59-2936207 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MULLER, DELLE DAVIES 1111 S. LAKEMONT AVE. # 620

WINTER PARK, FL 32792 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: DELLE DAVIES MULLER 01/18/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **OFFICER** Title OFFICER

REILLY, DIANNE RIEBEL, JUDITH A Name Name

Address 1320 CRESCENT LAKE DR Address 1903 S. MAGNOLIA AVE.

City-State-Zip: WINDERMERE FL City-State-Zip: SANFORD FL 32771

Title **OFFICER** Title **OFFICER** 

SYMONS, PEGGY Name TOOTHMAN, MARY JANE Name

Address 1111 S. LAKEMONT AVE. Address 1410 CHRIS AVE

City-State-Zip: DELAND FL 32724

City-State-Zip: WINTER PARK FL 32792

Title **OFFICER** Title **PRESIDENT** 

Name CHAMBERS, ANNABELLE M Name MULLER, DELLE DAVIES 1111 S. LAKEMONT AVE. Address

Address 1111 S. LAKEMONT AVE # 620

#620

City-State-Zip: WINTER PARK FL 32792 City-State-Zip: WINTER PARK FL 32792

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: DELLE DAVIES MULLER

PRESIDENT

01/18/2020

**FILED** Jan 18, 2020

Secretary of State

3644773818CC