

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30386

FILED
Feb 06, 2019
Secretary of State
2615600657CC

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, WALTER JIII
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name REILLY, DIANNE
Address 1320 CRESCENT LAKE DR
City-State-Zip: WINDERMERE FL

Title OFFICER
Name RIEBEL, JUDITH A
Address 1903 S. MAGNOLIA AVE.
City-State-Zip: SANFORD FL 32771

Title OFFICER
Name SYMONS, PEGGY
Address 804 SNOW QUEEN DR
City-State-Zip: CHULUOTA FL 32766

Title OFFICER
Name MULLER, WALTER J
Address 1111 S. LAKEMONT AVE.
#620
City-State-Zip: WINTER PARK FL 32792

Title OFFICER
Name TOOTHMAN, MARY JANE
Address 1111 S. LAKEMONT AVE.
620
City-State-Zip: WINTER PARK FL 32792

Title OFFICER
Name CHAMBERS, ANNABELLE M
Address 1111 S. LAKEMONT AVE.
620
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: WALTER J MULLER

A

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date