

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30386

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC0818982886**

**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, III**

**DIRECTOR**

**01/16/2018**

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

\_\_\_\_\_  
Date