


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90279 044 ****61.25

DOCUMENT # F02000001601
 1. Entity Name
TRIGEMINAL NEURALGIA ASSOCIATION, INC.



Principal Place of Business
**2801 SW ARCHER RD., STE. C
 GAINESVILLE, FL 32608**

Mailing Address
**2801 SW ARCHER RD., STE. C
 GAINESVILLE, FL 32608**

14011407



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
22-3071645

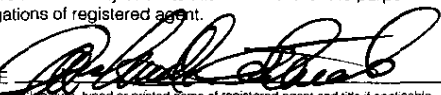
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PATTERSON, CLAIRE W
 2801 SW ARCHER RD., STE. C
 GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent
 Name **Pasternak, Michael G.**
 Street Address (P.O. Box Number is Not Acceptable)
2801 SW Archer Road, Suite C
 City **Gainesville** FL Zip Code **32608**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Michael G. Pasternak, 4/28/2004**
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

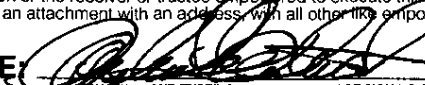
10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	LEVY, ROGER L	
STREET ADDRESS	8719 E. SAN VINCENTE DR.	
CITY-ST-ZIP	SCOTTSDALE, AZ 85258	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, CLAIRE W	
STREET ADDRESS	5103 SW 94TH ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITE, KENNETH	
STREET ADDRESS	49 HEDGEBROOK LANE	
CITY-ST-ZIP	STAMFORD, CT 06903	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRONIN, BRIAN	
STREET ADDRESS	2039 CARMEL DR.	
CITY-ST-ZIP	JAMISON, PA 18929	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, KENNETH	
STREET ADDRESS	49 HEDGEBROOK LANE	
CITY-ST-ZIP	STAMFORD, CT 06903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pasternak, Michael G.	
STREET ADDRESS	9305 SW 46th Place	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	29 Knapp Street	
CITY-ST-ZIP	Stamford, CT 06907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Michael G. Pasternak, 4/28/2004 376-9955**
(352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #