

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008
Secretary of State

DOCUMENT# F02000001601

Entity Name: TRIGEMINAL NEURALGIA ASSOCIATION, INC.

Current Principal Place of Business:

925 NW 56TH TERRACE
SUITE C
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

925 NW 56TH TERRACE
SUITE C
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 22-3071645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOLES, LINDA J CEO
925 NW 56TH TERRACE
SUITE C
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LEVY, ROGER L ESQ.
Address: 8719 E. SAN VINCENTE DR.
City-St-Zip: SCOTTSDALE, AZ 85258 US

Title: P () Delete
Name: HIRSCH, MYRON A
Address: 4021 GULF SHORE BLVD N., UNIT 1702
City-St-Zip: NAPLES, FL 34103 US

Title: V () Delete
Name: WHITE, KENNETH I CPA
Address: 29 KNAPP STREET
City-St-Zip: STAMFORD, CT 06907 US

Title: S () Delete
Name: CILKER SMITH, ELIZABETH
Address: 1631 WILLOW STREET
City-St-Zip: SAN JOSE, CA 95125 US

Title: T () Delete
Name: WHITE, KENNETH I CPA
Address: 29 KNAPP STREET
City-St-Zip: STAMFORD, CT 06907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MARSCHNER, RICHARD G
Address: 2560 N. MORELAND BLVD. #205
City-St-Zip: SHAKER HEIGHTS, OH 44120 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROGER L LEVY, ESQ

C

08/08/2008

Electronic Signature of Signing Officer or Director

_____ Date