FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713428 (1)

1. Corporation Name

EPILEPSY FOUNDATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
40 N.OSPREY AVE..STE.A SARASOTA FL 34236-5545	40 N.OSPREY AVE..STE.A SARASOTA FL 34236-5545

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1967
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1213298 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEME, ELAINE
420 NORTH SHORE DRIVE
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SECRETARY/D ☒ Change ☐ Addition
NAME	KINSEY, BARBARA	1.2 NAME	CAVALLARO, CYNTHIA
STREET ADDRESS	7419 MANATEE AVE W	1.3 STREET ADDRESS	3857 CAMINO REAL
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VD	2.1 TITLE	PRESIDENT/D ☐ Change ☐ Addition
NAME	VANDERBECK, MARK J.	2.2 NAME	WILSON, BRAD D
STREET ADDRESS	2515 TANGLEWOOD DRIVE	2.3 STREET ADDRESS	3215 PONY LANE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	PD	3.1 TITLE	VICE PRESIDENT/D ☒ Change ☐ Addition
NAME	WILSON, BRAD	3.2 NAME	HOFFMAN, PAUL S
STREET ADDRESS	2149 WASON RD	3.3 STREET ADDRESS	7085 S TAMIAMI TRAIL, STE B
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BURDEN, SHIRLEY	4.2 NAME	
STREET ADDRESS	2540 MAPLELOFT ROAD	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brad D. Wilson 2/13/95 (813) 366-3541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRAD D WILSON

0016846