

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726327 (0)

1. Corporation Name

EPILEPSY FOUNDATION OF WEST CENTRAL FLORIDA, INC



Principal Place of Business

**4023 N. ARMENIA AVE.
SUITE 100
TAMPA FL 33607
US**

Mailing Address

**4023 N. ARMENIA AVE.
SUITE 100
TAMPA FL 33607
US**

3. Date Incorporated or Qualified
05/04/1973

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-1680892

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GITTENS, VICTOR
6701 MIRROR LAKE AVE.
TAMPA FL 33634**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GITTENS, VICTOR	
STREET ADDRESS	6701 MIRROR LAKE AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	VPD	☐ DELETE
NAME	MECKLY, PATRICIA	
STREET ADDRESS	PO BOX 3303/NA	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	SMITH, DIXON	
STREET ADDRESS	PO BOX 270069/NA	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	☐ DELETE
NAME	MURPHY, LEO	
STREET ADDRESS	11709 LIPSEY RD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	BENSON, NEAL	
STREET ADDRESS	15426 PLANTATION OAKS DR., #1	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	SPURGIN, GERALD	
STREET ADDRESS	442 W. KENNEDY BLVD., #220	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	PD Meckly, Patricia
2.3 STREET ADDRESS	P.O. Box 3303
2.4 CITY - ST - ZIP	Tampa FL 33601-3303
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	VPD Murphy, Leo
4.3 STREET ADDRESS	11709 Lipsey Rd.
4.4 CITY - ST - ZIP	Tampa, FL 33618
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

Leo Murphy **Leo Murphy, Past President**

1/23/96

813-874-5707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

& Director

CR2E037 (12/95)