FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

727967

(2)

EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.

FILED Feb 13 1998 8:00am Secretary of State

4. 722.		7207 720111 <i>37</i> 13 13 13 13 13 13 13 13 13 13 13 13 13					
Principal Place of Business		Mailing Address			T TORAN SOURCE SIGN SOUR PRINCE CONTROL CONTRO	A BIBIP QUBII DIDII BIBIA DI	EN CLEAN HOLD
8 N. COYLE STREET PENSACOLA FL 32501		8 N. COYLE STREET PENSACOLA FL 32501			3. Date Incorporated or Qualified 11/07/1973		
					4. FEI Number	Ar	plied For
		. 1			23-7377993	···	t Applicable
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired		Additional equired
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00	
22		27			Trust Fund Contribution	Added to	
City & State)	City & State			7. Is this nonprofit corporation a hom	neowners associatio Yes 🔲 No	n?
23 Zip	1 Country	Ζφ	Countr	v	8. This corporation owes or has paid		angible
4 25		29	30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	ent Registered Agent		T	10. Name and Address of New Regi	stered Agent	
			81	Name			
	GER, JAMES		82	82 Street Address (P.O. Box Number is Not Acceptable)			
	SENADA UNO OLA BEACH FL 32561		83	 			
FENSAU	OLA BEACH FE 32301		_	<u> </u>			
			84	City		FL 85 Zip	Code
agent Lar SIGNATURE	n tamiliar with, and accept the oblig Sensor tander poor thank of my tenda	gations of, Section 617.0503, f	lorida Statute	·S.	ation's board of directors. I hereby accept wired when reinstains) ADDITIONS/CHANGES TO OFFICE	DATE	·
TITLE	78 50 OFFICE	DELETE	1.1 101.6		P Q	Change	Addition
NAME	YAX, LAWRENCE D. DR		1.2 NAME				
STREET ADDRESS			1.3 STREE	1 ADDRESS	CHARLES ROBINSON		
CITY-ST-7IP	PENSACOLA FL	The second	1.4 CiTY-	ST-ZIP	PENSA COLA, FL 32504'		[] a a sec
TITLE	PA TA	DELETE	2.1 TITLE	-		☐ Change	Addition
NAME STREET ADDRESS	SMITH, J.D. 30 S SPRING STREET		2.2 NAME	T ADDRESS			
CITY-SI-ZIP	PENSACOLA FL	17 7		\$1 · 1/P			
TITLE	D	☐ DELETE	3 1 7171.F	-		☐ Change	Addition
NAME	HUTCHESON, JOHN		32 NAME				
STREET ADDRESS	8383 N DAVIS HWY			1 ADDRESS			
CITY-S1-ZIP	PENSACOLA FL	DECETE	34. CITY-	ST- ZIP		Change	Addition
TITLE NAME	D (/ <u>()</u> Franz, doug	בן מנוונ	4 1 TITLE 4 2 NAME	ŀ		□1 cusude	LI AUDITOI
STREET ADDRESS	4700 BAYOU BLVD #1			r address			
CITY-ST-ZIP	PENSACOLA FL		4.4 CHY-	- 1			
TITLE	SD	DITETE	5.1 TITLE			☐ Change	Addition
NAME	POWELL, DIANE		5.2 NAME				
STREET ADDRESS	500 BAYFRONT PARKWAY		5.3 STREE	1 ADDRESS			
CITY - ST - 7IP	PENSACOLA FL	——————————————————————————————————————	5.4 CITY -	ST - ZIP			1.422
TITLE	D CAPEN	☐ DELETE	61 TITLE			☐ Change	☐ Addition
NAME	HAGEROTT, KAREN		62 NAME	, appopros			
STREET ADDRESS	600 E GOVERNMENT ST PENSACOLA FL		6.3 STREF 6.4 CITY-	T ADDRESS			
CITY-ST-ZIP	T LINGHOULA FL				n Section 119 07/23(i) Florida Statutos I fu	uthor portification the	information

19. I nereby 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 annual report or suppliemental 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 participant with an address.

SIGNATURE: La

Laurence D Sterl

2-4-98

(2E037 (10/97)