

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 726327 (0)
1. Corporation Name
EPILEPSY FOUNDATION OF WEST CENTRAL FLORIDA, INC

Principal Place of Business

Mailing Address

4023 N. ARMENIA AVE.
SUITE 100
TAMPA FL 33607
US4023 N. ARMENIA AVE.
SUITE 100
TAMPA FL 33607-1020
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
05/04/19733a. Date of Last Report
01/31/19964. FEI Number
59-1680892Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GITTENS, VICTOR
6701 MIRROR LAKE AVE.
TAMPA FL 33634

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~D~~ ☒ DELETE
NAME ~~GITTENS, VICTOR~~
STREET ADDRESS ~~6701 MIRROR LAKE AVE~~
CITY-ST-ZIP ~~TAMPA FL~~TITLE PD ☐ DELETE
NAME MECKLY, PATRICIA
STREET ADDRESS PO BOX 3303/NA
CITY-ST-ZIP TAMPA FLTITLE ~~D~~ ☒ DELETE
NAME ~~SMITH, DIXON~~
STREET ADDRESS ~~PO BOX 270060/NA~~
CITY-ST-ZIP ~~TAMPA FL~~TITLE VD ☒ DELETE
NAME MURPHY, LEO
STREET ADDRESS 11709 LIPSEY RD.
CITY-ST-ZIP TAMPA FLTITLE D ☐ DELETE
NAME BENSON, NEAL
STREET ADDRESS 15426 PLANTATION OAKS DR., #1
CITY-ST-ZIP TAMPA FLTITLE D ☒ DELETE
NAME SPURGIN, GERALD
STREET ADDRESS 442 W. KENNEDY BLVD., #220
CITY-ST-ZIP TAMPA FL1.1 TITLE VD ☐ Change ☒ Addition
1.2 NAME KIPP, Robert
1.3 STREET ADDRESS 3910 US 301 N, Suite 255
1.4 CITY-ST-ZIP Tampa, FL 336192.1 TITLE D ☐ Change ☒ Addition
2.2 NAME PAM D'AMORE
2.3 STREET ADDRESS 12056 ANDERSON RD., #303
2.4 CITY-ST-ZIP TAMPA, FL 336253.1 TITLE TSD ☐ Change ☒ Addition
3.2 NAME murphy, Leo
3.3 STREET ADDRESS 11709 Lipsey Rd
3.4 CITY-ST-ZIP Tampa FL 336184.1 TITLE JAY LAYMAN ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS 18136 ST. LAURENT DR.
4.4 CITY-ST-ZIP LUTZ, FL 335495.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Benson, Neal
5.3 STREET ADDRESS 13105 A. Thomasville Cir
5.4 CITY-ST-ZIP Tampa FL 336176.1 TITLE D ☐ Change ☒ Addition
6.2 NAME King, Peter
6.3 STREET ADDRESS 501 E. Kennedy Blvd. #1700
6.4 CITY-ST-ZIP Tampa FL 33602

14. I do 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 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 Feb 6, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047435

CR2E037 (9/96)