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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

726327

(0)

EPILEPSY FOUNDATION OF WEST CENTRAL FLORIDA, INC

SUITE 100 TAMPA FL 33607 US 3. Date Incorporated or Qualified 05/04/1973 3. Date Incorporated or Qualified 05/04/1973 4. FEI Number Applied For Not Applied For Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc City & State City & State Zip Country Suite 100 TAMPA FL 33607-1020 US 3. Date Incorporated or Qualified 01/05/04/1973 4. FEI Number Sp-1680892 Not Applied For Not Applicable Not Applicable Soute, Apt. #, etc Suite, Apt. #, etc City & State City & State Suite, Apt. #, etc Suite, Apt. #,	4023 N. ARMENIA AVE. 4023 N. AF SUITE 100 SUITE 100 TAMPA FL 33607 TAMPA FL		Mailing Address		e and tar contra trace forme erret rebet eine den erner mente ment	
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Specific Place of Business 2a Mailing Address					9 Date Incorporated or Qualified	Se Date of Last Poport
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Zap			City & State		6. Election Campaign Financing	\$5.00 May Be
S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Fursuant to the provisions of Sections 617 6502 and 617 1506. Fordid Statutes, the above-named corporation submits this statement for the purpose of changing lie registered agent, or both, in this State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and both, and accept the obligations of, Section 617 5506. Fordid Statutes, the above-named corporation submits this statement for the purpose of changing lie registered eignent, and thinker with, and accept the obligations of, Section 617 5506. Fordid Statutes. SIGNATURE 11. Fursuant to the provisions of Sections 617 5506. Fordid Statutes, the above-named corporation submits this statement for the purpose of changing lie registered eignent, and thinker with, and accept the obligations of, Section 617 5506. Fordid Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. OFFICERS AND DIRECTORS 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. OFFICERS AND DIRECTORS 18. OFFICERS	23				Trust Fund Contribution	
SITTENS, VICTOR G701 MIRROR LAKE AVE. TAMPA FL 33634 11. Pursuant to the provisions of Sociolos 617-0502 and 617-1506, 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 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am final with, in and cecepit the orbigations of Section 91-1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered of directors. I hereby accept the appointment as registered office or registered of directors. I hereby accept the popular registered of directors. I hereby accept the appointment as registered of the registered of directors. I hereby accept the appointment as registered of the regi	Zip	Country	Zip	Country		
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GITTENS, WCTOR 6701 MIRROR LAKE AVE. TAMPA FL 33634 82 Streat Address (P.O. Box Number is Not Acceptable) 83 Streat Address (P.O. Box Number is Not Acceptable) 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 repistered office or registered agent. I am familiar with, and cacept the displace of Section 17,0500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its repistered office or registered agent. I am familiar with, and cacept the displace of Section 17,0500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its repistered dispersion of the composition of the purpose of changi		9. Name and Address of Curr	ent Registered Agent		· · · · · · · · · · · · · · · · · · ·	egistered Agent
## City FL 85 Zip Code				81 Nam	e	
TAMPA FL 33634 Sea	GITTENS, VICTOR			82 Stree	t Address (P.O. Box Number is Not Accepta	ble)
TAMPA FL Sections 617 0502 and 617 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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. Izam familiar with, and accept the obligations of 17.0503, Florida Statules. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. Izam familiar with, and accept the obligations of 17.0503, Florida Statules. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. Izam familiar with, and accept the obligation of 17.0503, Florida Statules. The acceptance agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In an accept the obligation of 17.0503, Florida Statules. The acceptance of 17.0503,	6701 MIRROR LAKE AVE.					
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 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 SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change MAddition DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WAS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL DELETE 1.1 TITLE PD CHANGES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.2 NAME STRET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME 1.2 STRET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME 1.2	tampa f	L 33634		83		
11. Porsumit to the provisions of Sections 617 0502 and 617 1502. Provide Statutes, the above-named corporation submits this statement for the purpose of changing the registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12.				84 City		85 Zip Code
SIGNATURE Signature lighted or present stand of implement sports and site if applicable in MOTE Registered Apont sopalure required when recessing) DATE 12. OFFICERS AND DIRECTORS TILE OFFICERS AND DIRECTORS TILE OFFICERS AND DIRECTORS IN 12 TILE OFFICERS AND DIRECTORS AND DIRECTORS IN 12 TILE OFFICERS AND DIRECTORS AND DIRE					· · · · · · · · · · · · · · · · · · ·	
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	14. I do hereb	by certify that the information suppl	ied with this filing does not qua	lify for the exemption	stated in Section 119.07(3)(i), Florida Statute	es. I further certify that the

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address

STENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON OMECTOR DOWN DATE FOR 6, 1997
Date Proper Operation Proper of Operation Property Proper of Operation Property Pro

FILED Feb 28 1997 8:00am Secretary of State

