2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726327

Entity Name: EPILEPSY SERVICES FOUNDATION, INC.

FILED
Jan 07, 2019
Secretary of State
9899574409CC

Current Principal Place of Business:

4628 N. ARMENIA AVE. TAMPA, FL 33603-2706

Current Mailing Address:

4628 N. ARMENIA AVE. TAMPA, FL 33603-2706 US

FEI Number: 59-1680892 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KING, PETER ESQ. 5505 WEST GRAY STREET TAMPA, FL 33609 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	DIRECTOR, SECRETARY	Title	DIRECTOR
TILLO	DINEOTON, GEONETAINT	TILLO	DINECTO

Name BARRY, SCOTT Name ALBRITTON, CALLAN

Address 4624 NORTH ARMENIA AVENUE Address 101 WEST NORTH BAY STREET

City-State-Zip: TAMPA FL 33603 City-State-Zip: TAMPA FL 33603

Title DIRECTOR, VP Title DIRECTOR Name STRAIN, SCOTT Name STEPHENS, AMANDA Address 504 EAST PARK AVE Address 5505 WEST GRAY STREET TAMPA FL 33602 City-State-Zip: City-State-Zip: TAMPA FL 33609

Title OFFICER Title DIRECTOR
Name PEDDY, ALYSIA Name VILA, DINA

Address 4103 NORTH RIVER VIEW AVENUE Address 900 NORMANDY TRACE ROAD

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33602

TitleTREASURERTitlePAST PRESIDENTNameROGERS, HEATHERNameRADCLIFFE, KIMBERLYAddress18320 EASTWYCK DRIVEAddress12133 BISHOPSFORD DRIVE

City-State-Zip: TAMPA FL 33647 City-State-Zip: TAMPA FL 33626

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ROGERS TREASURER 01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR, PRESIDENT

Name ENGLUND, GARY

Address 14925 LAKE FOREST DRIVE

City-State-Zip: LUTZ FL 33559

Title DIRECTOR

Name VANHOOK, SANDE

Address 4007 EAST BLUFF AVENUE

City-State-Zip: TAMPA FL 33617

Title DIRECTOR

Name ROSSMEISL, RACHELLE

Address 3747 HERLONG STREET

City-State-Zip: NEW PORT RICHEY FL 34655