

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 726327

Entity Name: EPILEPSY SERVICES FOUNDATION, INC.

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: No

Name and Address of Current Registered Agent:

MICHAEL, KATHLEEN MARIE
12917 N OREGON AVE
TAMPA, FL 33612 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: KATHLEEN M MICHAEL

01/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name BARRY, SCOTT
Address 4624 NORTH ARMENIA AVENUE
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name ALBRITTON, CALLAN
Address 101 WEST NORTH BAY STREET
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name STEPHENS, AMANDA
Address 5505 WEST GRAY STREET
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name STRAIN, SCOTT
Address 504 EAST PARK AVE
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name VILA, DINA
Address 900 NORMANDY TRACE ROAD
City-State-Zip: TAMPA FL 33602

Title DIRECTOR, PRESIDENT
Name ENGLUND, GARY
Address 14925 LAKE FOREST DRIVE
City-State-Zip: LUTZ FL 33559

Title DIRECTOR
Name ROSSMEISL, RACHELLE
Address 8026 BROAD POINTE DRIVE
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR/TREASURER
Name MIANO, MARCELO
Address 777 N ASHLEY DRIVE
2507
City-State-Zip: TAMPA FL 33602

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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: KATHLEEN MICHAEL

EXECUTIVE DIRECTOR

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name BOGGESS, KAREN
Address 742 WELLINGTON COURT
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name STILLMAN, STACY
Address 3507 KENNSINGTON AVE
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name FERRO, CRISTINA
Address 4628 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name SCOTT, MONIQUE
Address 5316 SAGECREST DR
City-State-Zip: LITHIA FL 33547

Title DIRECTOR
Name RINGHEISEN, DAWN
Address 25 7TH AVE SE
City-State-Zip: LARGO FL 33771

Title EXECUTIVE DIRECTOR
Name MICHAEL, KATHLEEN M
Address 12917 N OREGON AVE
City-State-Zip: TAMPA FL 33612