

2020 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes**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

01/13/2020

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, VP
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
Name ROGERS, HEATHER
Address 18320 EASTWYCK DRIVE
City-State-Zip: TAMPA FL 33647

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

Title DIRECTOR
Name ROSSMEISL, RACHELLE
Address 3747 HERLONG STREET
City-State-Zip: NEW PORT RICHEY FL 34655

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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: SCOTT BARRY**SECRETARY**

01/13/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VANHOOK, SANDE
Address 4007 EAST BLUFF AVENUE
City-State-Zip: TAMPA FL 33617

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

Title DIRECTOR
Name ABBRUZZESE, ROBIN
Address 1946 ILLINOIS AVE NE
City-State-Zip: ST. PETERSBURG FL 33703

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

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