

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000000635

**Entity Name:** THE EPILEPSY WARRIORS FOUNDATION, INC**Current Principal Place of Business:**7285 LONGMOOR DRIVE  
VILLAGE OF LAKEWOOD, IL 60014**Current Mailing Address:**7285 LONGMOOR DRIVE  
VILLAGE OF LAKEWOOD, IL 60014 US**FEI Number: 90-0750580****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**NOBLE, SUSAN J  
14540 HEADWATER BAY LANE  
FORT MYERS, FL 33908 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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

Title	CEO
Name	NOBLE, SUSAN J
Address	14540 HEADWATER BAY LANE
City-State-Zip:	FORT MYERS FL 33908

Title	VP
Name	SCHULTZ, BRIAN R
Address	39 W. LASTING SPRING CIRCLE
City-State-Zip:	THE WOODLANDS TX 77389

Title	OFFICER
Name	LAROCQUE, JOE
Address	1005 BARRE MEADOW LANE
City-State-Zip:	MCKINNEY TX 75071

Title	DIRECTOR
Name	BOEHM, NATALIE L
Address	8887 HAMILTON STREET
City-State-Zip:	CUCAMONGA CA 91701

Title	OFFICER
Name	PETERSON , BISA
Address	6 PETERON ROAD
City-State-Zip:	EUFAULA AL 36027-7508

*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: SUSAN NOBLE****CEO****03/19/2019**

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Electronic Signature of Signing Officer/Director Detail

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Date