

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:26

DOCUMENT # 710174 (4)

1. Corporation Name

THE EPILEPSY ASSOCIATION OF CENTRAL FLORIDA, INC

Principal Place of Business

Mailing Address

22 W. LAKE BEAUTY DR., STE. 314-A
ORLANDO FL 32806

22 W. LAKE BEAUTY DR., STE. 314-A
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1966

3a. Date of Last Report

02/03/1994

4. FEI Number

23-7247844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

ALFORD, FRED W.
2221 LEE ROAD, STE #25
WINTER PARK FL 32769

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PP
LAYNE, CHARLES
8591 BAY VISTA ESTATES BLVD
ORLANDO, FL 32809

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PP
PENDERGRASS, VIRGINIA E
605 E. ROBINSON STR, STE 620
ORLANDO FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
REINWALD, MARCIA
BLDG 2001, NTC/WPA NA
ORLANDO, FL 32809

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
TD
JOHN WILLIAMS, ESQ.
15 W. HOLDEN AVE.
ORLANDO FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
REEVES, AUGUSTINE JR
5324 ROCKBOURNE CT
ORLANDO, FL 32809

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
TD
JANET LAMPHIER
2349 RIVER TREE CIRCLE
SANFORD FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
PENDERGRASS, VIRGINIA E
605 E ROBINSON STR, STE 620
ORLANDO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
P
GANTT, DOUGLAS
608 N. GARFIELD AVE.
DELAND FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
GRAY, SAUNDRA
37 DIRKSEN DR
DEBARY FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
TD
DAVID RUSSELL
P.O. BOX 54048
ORLANDO FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MAY, WILLIE
627 PLUMWOOD DR.
ALTAMONTE SPRING FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
TD
MAY, WILLIE
627 PLUMWOOD DR.
ALTAMONTE SPRINGS, FL

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

407-422-1416