

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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ORLANDO FL 32806

3. Date Incorporated or Qualified
01/06/1966

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7247844

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No ☒

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFORD, FRED W.
2221 LEE ROAD, STE #25
WINTER PARK FL 32789

81 Name

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

000001786500

-04/19/96--01009--019

***140.00

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 P
NAME GANTT, DOUGLAS
STREET ADDRESS 603 N GARFIELD AVE
CITY-ST-ZIP DELAND FL

☐ DELETE

1.1 TITLE P
1.2 NAME OSBORN, SANDRA
1.3 STREET ADDRESS 118 NORTHMOOR ROAD
1.4 CITY-ST-ZIP CASSELBERRY, FL 32707

☐ Change

☒ Addition

TITLE TD
NAME WILLIAMS, JOHN E
STREET ADDRESS 15 W HOLDEN AVE
CITY-ST-ZIP ORLANDO, FL 00000

☐ DELETE

2.1 TITLE VP
2.2 NAME WILLIAMS, JOHN
2.3 STREET ADDRESS 15 W. HOLDEN AVE.
2.4 CITY-ST-ZIP ORLANDO, FL 32839

☒ Change

☐ Addition

TITLE ~~TD~~
NAME ~~LAMPHIER, JANET~~
STREET ADDRESS ~~2340 RIVER TREE CIRCLE~~
CITY-ST-ZIP ~~SANFORD FL~~

☒ DELETE

3.1 TITLE T
3.2 NAME D'ANGELO, TONI
3.3 STREET ADDRESS 7950 S. ORANGE BLOSSOM TR.
3.4 CITY-ST-ZIP ORLANDO, FL 32809

☐ Change

☒ Addition

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

☒ DELETE

4.1 TITLE PP
4.2 NAME GANTT, DOUGLAS
4.3 STREET ADDRESS 603 N. GARFIELD AVE.
4.4 CITY-ST-ZIP DELAND, FL 32724

☒ Change

☐ Addition

TITLE ~~TD~~
NAME ~~RUSSELL, DAVID~~
STREET ADDRESS ~~PO BOX 54048~~
CITY-ST-ZIP ~~ORLANDO FL~~

☒ DELETE

5.1 TITLE TD
5.2 NAME GRAY, SANDRA
5.3 STREET ADDRESS RIVER OAKS, 263 BAYVIEW CIR.
5.4 CITY-ST-ZIP DEBARY, FL

☐ Change

☒ Addition

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

☐ DELETE

6.1 TITLE TD
6.2 NAME O'SHEA, ROSEMARY
6.3 STREET ADDRESS 200 S. ORANGE AVE, SUITE 2300
6.4 CITY-ST-ZIP ORLANDO, FL 32801

☐ 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 617, 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

3-27-96

Date

407-422-1416

Daytime Phone #

CR2E037 (12/95)