

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 22 W. LAKE BEAUTY DR. STE. 314-A
ORLANDO FL 32806-2037

3. Date Incorporated or Qualified 01/06/1966 3a. Date of Last Report 04/18/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 23-7247844 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	--	--

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name CARMEN, CHARLES F.
82 Street Address (P.O. Box Number is Not Acceptable)
22 W. LAKE BEAUTY DR., STE. 314
83
84 City ORLANDO FL 85 Zip Code 32806

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]* 1-6-97
(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	P GANTT, DOUGLAS 603 N GARFIELD AVE DELAND FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D RUFENER, CHBRI 947 VINE RIDGE RGN ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, JOHN E 15 W HOLDEN AVE ORLANDO, FL 00000 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D GRAY, SANDRA RIVER OAKS, 263 BAYM CIRCLE DEBARY FL 32713-4000 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORN, SANDRA 118 NORTHMOOR ROAD CASSELBERRY FL 32707 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D BRNSTEIN, MARK 940 HIGHLAND AVE. ORLANDO FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JOHN 15 W. HOLDEN AVE. ORLANDO FL 32839 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D OSHEA, ROSEMARY 200 S. ORANGE AVE. ORLANDO FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D'ANGELO, TONI 7950 S. ORANGE BLOSSOM TR. ORLANDO FL 32809 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D BENFIELD, RON 2223 LANGLEY CIRCLE ORLANDO FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAY, WILLIE 627 PLUMWOOD DR. ALTAMONTE SPRING FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D MARRINELLI, KATHY 7384 RUSH CT. ORLANDO FL 32818 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* 1-6-97 407-422-1416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016710

CR2E037 (9/96)