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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710174

1. Corporation Name

THE EPILEPSY ASSOCIATION OF CENTRAL FLORIDA, INC

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/06/1966

4. FEI Number

23-7247844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CARMEN, CHARLES F
22 W LAKE BEAUTY DR STE 314
ORLANDO FL 32806

10. Name and Address of New Registered Agent

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 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 *Charles F. Carmen*
Signature, typed or printed name of registered agent and title if applicable.

Charles F. Carmen
(NOTE: Registered Agent signature required when reinstating)

1/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE
NAME ORNSTEIN, M
STREET ADDRESS 940 HIGHLAND AVE
CITY-ST-ZIP ORLANDO FL 32803

TITLE S ☐ DELETE
NAME RUFENER, CHERI
STREET ADDRESS 947 VINERIDGE RUN
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☐ DELETE
NAME OSBORN, SANDRA
STREET ADDRESS 118 NORTHMOOR ROAD
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☐ DELETE
NAME WILLIAMS, JOHN
STREET ADDRESS 2900 W FIRST ST
CITY-ST-ZIP SANFORD FL 32771

TITLE T ☐ DELETE
NAME D'ANGELO, TONI
STREET ADDRESS 305 LAKEPOINTE DR 304
CITY-ST-ZIP ALTAMONTE SPGS FL 32701

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P ORNSTEIN, MARK
1.3 STREET ADDRESS 940 HIGHLAND AVE
1.4 CITY-ST-ZIP ORLANDO FL 32803

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D RUFENER, CHERI
2.3 STREET ADDRESS 947 VINERIDGE RUN
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VP STORY, JOAN
3.3 STREET ADDRESS 4466 JOHN YOUNG PKWY
3.4 CITY-ST-ZIP ORLANDO FL 32804

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME S GOSSARD, JIL
4.3 STREET ADDRESS ONE MAGIC PLACE
4.4 CITY-ST-ZIP ORLANDO FL 32801-1114

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME T D'ANGELO, TONI
5.3 STREET ADDRESS 305 LAKEPOINTE DR 304
5.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME D MAY, WILLIE
6.3 STREET ADDRESS 627 PLUMWOOD DR
6.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

14. I 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, with all other like empowered.

SIGNATURE:

Charles F. Carmen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 407-422-1416
Date Daytime Phone #

CR2E037 (11/98)