

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90039 008 ****61.25

DOCUMENT # 710174

1. Entity Name

**THE EPILEPSY ASSOCIATION OF CENTRAL FLORIDA,
INC**



Principal Place of Business

Mailing Address

~~22 W LAKE BEAUTY DRIVE~~
~~SUITE 314~~
~~ORLANDO FL 32806~~
~~FL~~

~~22 W LAKE BEAUTY DRIVE~~
~~SUITE 314~~
~~ORLANDO FL 32806~~
~~FL~~

2. Principal Place of Business

1221 W. Colonial Dr.

3. Mailing Address

1221 W. Colonial Dr.

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

USA

Zip

32804

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

23-7247844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARMEN, CHARLES F

~~22 W LAKE BEAUTY DRIVE~~ 1221 W. Colonial Dr.

~~SUITE 314~~ Suite 103

~~ORLANDO FL 32806~~ 32804

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SALVAGE, COLLEEN	
STREET ADDRESS	3936 S. SEMORAN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVETT, LEANNE	
STREET ADDRESS	P.O. BOX 934545	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE	S	<input type="checkbox"/> Delete
NAME	KATZ, RICHARD	
STREET ADDRESS	4466 JOHN YOUNG PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHERI, RURENER	
STREET ADDRESS	604 COURTLAND ST, SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM, COLEMAN	
STREET ADDRESS	2142 LAKE PINELoch BLVD.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TONI, D'ANGELO	
STREET ADDRESS	2681 DANIELLE DR.	
CITY-ST-ZIP	OVIDO FL 32765	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Kennedy
STREET ADDRESS	390 N. Orange Avenue, Suite 1075
CITY-ST-ZIP	Orlando, FL 32801

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/03/04 407-422-1416 e 2/10/04

Date

Daytime Phone #