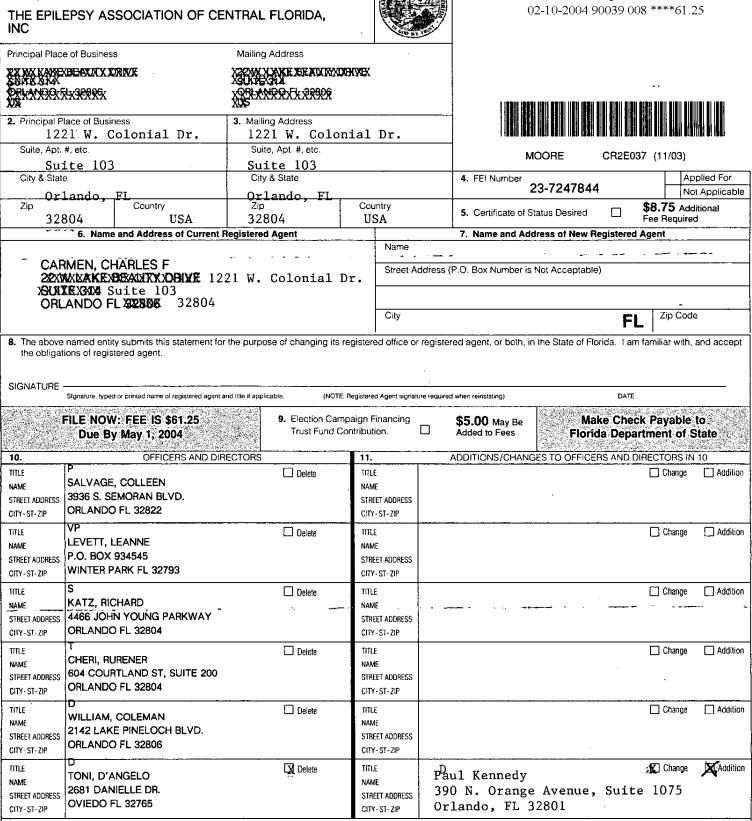
2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) **DOCUMENT # 710174** 1. Entity Name THE EPILEPSY ASSOCIATION OF CENTRAL FLORIDA, Principal Place of Business Mailing Address AY X YAKE SEKKIKIKIXDI MEK X KAKEEXBEHEKUK X XORIW K 2. Principal Place of Business 3. Mailing Address 1221 W. Colonial Dr. 1221 W. Colonial Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 103 Suite 103

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



thereby 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR