2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# 710174

Entity Name: THE EPILEPSY ASSOCIATION OF CENTRAL FLORIDA, INC

Current Principal Place of Business:

1221 W COLONIAL DR
SUITE 103
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

1221 W COLONIAL DR
SUITE 103
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 23-7247844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARMEN, CHARLES F
1221 W COLONIAL DR
SUITE 103
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SALVAGE, COLLEEN
Address: 3936 S. SEMORAN BLVD.
City-St-Zip: ORLANDO, FL 32822 US

Title: VP ( ) Delete
Name: LEVETT, LEANNE
Address: P.O. BOX 934545
City-St-Zip: WINTER PARK, FL 32793 US

Title: S ( ) Delete
Name: KATZ, RICHARD
Address: 4466 JOHN YOUNG PARKWAY
City-St-Zip: ORLANDO, FL 32804 US

Title: T ( ) Delete
Name: CHERI, RURENER
Address: 604 COURTLAND ST, SUITE 200
City-St-Zip: ORLANDO, FL 32804 US

Title: D ( ) Delete
Name: WILLIAM, COLEMAN
Address: 2142 LAKE PINELOCH BLVD.
City-St-Zip: ORLANDO, FL 32806 US

Title: D ( ) Delete
Name: KENNEDY, PAUL
Address: 390 N ORANGE AVENUE SUITE 1075
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SALVAGE, COLLEEN
Address: 3936 S. SEMORAN BLVD. #216
City-St-Zip: ORLANDO, FL 32822 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN SALVAGE MS. 01/06/2005
Electronic Signature of Signing Officer or Director — Date