

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710174

FILED  
Jan 12, 2006  
Secretary of State

**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. #216  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DENIUS, BILL  
Address: 2 SOUTH ORANGE AVE., 5TH FLOOR  
City-St-Zip: ORLANDO, FL 32802 US

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

Title: T (X) Change ( ) Addition  
Name: PATRICK, MONACHINO  
Address: 1175 LAKE SHADOW CIR., STE. 4305  
City-St-Zip: MAITLAND, FL 32751 US

Title: D (X) Change ( ) Addition  
Name: LEANNE, LEVETT  
Address: PO BOX 934545  
City-St-Zip: WINTER PARK, FL 32793 US

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 Chapter 119, 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: CHARLES F. CARMEN

ED

01/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date