

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710174

FILED
Jan 12, 2009
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 ()

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: PRES () Delete
Name: DENIUS, BILL
Address: 2 SOUTH ORANGE AVE, 5TH FLOOR
City-St-Zip: ORLANDO, FL 32801 US

Title: TREA () Delete
Name: REED, TERI
Address: 231 N. WOODLAND
City-St-Zip: DELAND, FL 32724

Title: V.P. () Delete
Name: NAHAS, GEORGE
Address: GEORGE NAHAS SATURN OF THE LAKES H'WAY 441
City-St-Zip: TAVARES, FL 32778 US

Title: DIR () Delete
Name: KENNEDY, PAUL
Address: 1000 LEGION PLACE, #1600
City-St-Zip: ORLANDO, FL 32801 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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

EXEC

01/12/2009

Electronic Signature of Signing Officer or Director

Date