

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710174

FILED  
Jan 04, 2010  
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:**

109 NORTH KIRKMAN ROAD  
ORLANDO, FL 32811-140 US

**Current Mailing Address:**

1221 W COLONIAL DR  
SUITE 103  
ORLANDO, FL 32804 US

**New Mailing Address:**

109 NORTH KIRKMAN ROAD  
ORLANDO, FL 32811-140 US

**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:**

CARMEN, CHARLES F  
109 NORTH KIRKMAN ROAD  
ORLANDO, FL 32811-140 US

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:

01/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FITZGERALD, SEAN  
Address: 109 N. KIRKMAN RD.  
City-St-Zip: ORLANDO, FL 32811-140 US

Title: V.P.  
Name: REED, TERI CARMEN  
Address: 231 N. WOODLAND  
City-St-Zip: DELAND, FL 32724

Title: TREA  
Name: NAHAS, GEORGE  
Address: GEORGE NAHAS SATURN OF THE LAKES H'WAY 441  
City-St-Zip: TAVARES, FL 32778 US

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

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

Title: D  
Name: SHEAR, EVAN  
Address: 1515 INTERNATIONAL PARKWAY, #2019  
City-St-Zip: HEATHROW, FL 32746 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES F. CARMEN

EXEC

01/04/2010

Electronic Signature of Signing Officer or Director

Date