2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 710174

Entity Name: THE EPILEPSY ASSOCIATION OF CENTRAL FLORIDA, INC

Current Principal Place of Business:

109 NORTH KIRKMAN ROAD
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

109 NORTH KIRKMAN ROAD
ORLANDO, FL 32811 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
109 NORTH KIRKMAN ROAD
ORLANDO, FL 32811 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
Name: FITZGERALD, SEAN
Address: 109 N. KIRKMAND RD.
City-St-Zip: ORLANDO, FL 32811 US

Title: V.P.
Name: REED, TERI
Address: CAMBRIDGE RESOUCES 2235 S WOODLAND BLVD.
City-St-Zip: DELAND, FL 32720

Title: TREA
Name: NAHAS, GEORGE
Address: GEORGE NAHAS CHEVROLET 200 E. BURLEIGH BLV
City-St-Zip: TAVARES, FL 32778 US

Title: DIR
Name: DENIUS, WILLIAM ESQ
Address: 2 S. ORANGE AVE., 5TH FLOOR
City-St-Zip: ORLANDO, FL 32802 US

Title: SEC.
Name: SALVAGE, COLLEEN
Address: 3936 S. SEMORAN BLVD., STE. 216
City-St-Zip: ORLANDO, FL 32822 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 CEO 01/03/2012

Electronic Signature of Signing Officer or Director — Date