2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 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 ( )**

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: REED, TERI
Address: 109 N. KIRKMAN RD.
City-St-Zip: ORLANDO, FL 32811 US

Title: V.P.
Name: SHEAR, EVAN
Address: CROSSLEY/SHEAR115 INTERNATIONAL PKWY,#2019
City-St-Zip: HEATHROW, FL 32746

Title: SEC.
Name: STEVEN, WOODS
Address: ELITE FINANCIAL 541 S. ORANGE AVE #207
City-St-Zip: MAITLAND, FL 32751 US

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

Title: DIR
Name: GRAY, SAUNDRA
Address: 263 BAYOU CIRCLE
City-St-Zip: DEBARY, FL 32716 US

Title: DIR
Name: TAYLOR, KAY ARNP
Address: PEDIATRIC NEUROLOGY 7485 SANDLAKE RD.
City-St-Zip: ORLANDO, FL 32819 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 05/03/2012

Electronic Signature of Signing Officer or Director Date