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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

DOCUMENT # 713428

(1)

EPILEPSY FOUNDATION OF SOUTHWEST FLORIDA, INC.

FILED Mar 15 1996 8:00 am Secretary of State



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28 29 20 20 20 20 20 20 20	22		27		5. Certificate of Status Desired	
Zip			├ ─¬ '		6. Election Campaign Financing	5.00 May Be
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered off or registered agent, or both, in the State of Florida, Surf principles authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Surf principles authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am formally in the corporation's principles authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am formally in the corporation's principles authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am formally in the corporation's board of directors. I hereby accept the appointment as registered agent, I am formally in the corporation's board of directors. I hereby accept the appointment as registered agent, I am formally in the corporation's board of directors. I hereby accept the appointment as registered agent, I am formally in the corporation's board of directors. I hereby accept the appointment as registered agent, I am formally in the acceptable agent, I am formally in the corporation's board of directors. I hereby accept the appointment as registered agent, I am formally in the acceptable agent, I am formally in the acceptable agent of the provisions of directors. I hereby accept the appointment as a provisions of directors. I hereby accept the appointment as a provisions of directors. I hereby acceptable agent of directors. I hereby acceptabl					Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 12. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or born, in the State of Florids. South change was authorized by the corporation's board of directors. I hereby accept the appointment as egistered agent, and accept the obligations of Sections 617,0502 and 617,1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered different in the provision of Sections 617,0502 and 617,1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered different in the provision of Sections 617,0502 and 617,1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered different in the statement for the purpose of changing its registered different in the statement for the purpose of changing its registered different in the statement for the purpose of changing its registered different in the statement for the purpose of changing its registered different in the statement for the purpose of changing its registered different in the statement for the purpose of changing its registered different in the submits in the statement for the purpose of changing its registered different in the submits in the statement for the purpose of changing its registered different in the purpose of	⊢ .	<u> </u>	⊢	⊢ ⊸ ′		
NAME AS NORTH SHORE DRIVE SARASOTA FL 34234 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Sections 617.0502 and 617.0508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered off familiar with, and accept the obligations of Sections 617.0502 and 617.0502. Florids Statutes. SIGNATURE SIGNATURE SUPPLY OFFICERS AND DIRECTORS SIGNATURE SUPPLY OFFICERS AND DIRECTORS IN 12 ITIE SUPPLY OFFICERS AND DIRECTORS IN 12 ITIE SUBJECT AND STREET ADDRESS SARASOTA FL SARASOTA FL	24			[30]		
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SARASOTA FL 34234 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zp Code 85 Zp Code 86 City FL 85 Zp Code 87 City FL 85 Zp Code 87 City FL 85 Zp Code 88 City FL 85 Zp Code 89 City FL 85 Zp Code 80 City FL 85 Zp Code 80 City FL 85 Zp Code 80 City FL 85 Zp Code 81 City FL 85 Zp Code 81 Zity 82 City FL 85 Zp Code 83 Zity Code 84 City FL 85 Zp Code 85 Zity Code 86 Zity Code 86 Zity Code 87 Zity Code 87 Zity Code 88 Zity Code 88 Zity Code 88 Zity Code 89 Zity Code 80 Zity Code	NEUG-1	Et-Affect		UT Harro	KAREN D. OSBO	xene
SARASOTA FL 34234 B3				82 Street		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the bedigations of Section 17.0503. Florida Statutes. SIGNATURE Committed				02	· · · · · · · · · · · · · · · · · · ·	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation exbrits this statement for the purpose of changing its registered off ramillar with, and accept the obligations of Sections (1903). Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE SD CAVALLARO, CYNTHIA CAVALLARO, CYNTHIA 12. AME CAVALLARO, CYNTHIA 13. STREET ADDRESS STREET ADDRESS CITY-S1-2P SARASOTA FL UPD DELETE 11. TITLE POPULATE 12. AME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-S1-2P NOPLES TO FREETRANDESS SARASOTA FL 14. CITY-S1-2P SARASOTA FL 15. TITLE POPULATE 16. Change 17. Change 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change 19. Change	SAMASC	JIA FL 34234		63		
Or legistered agent. or our in the State of Protects Surf registered agent. I am familiar with, and accept the obligations of Section 517 (2603, Florida Statutes.) SIGNATURE Signature. Signature of Inglement Agent and Institute of Instit						
SIGNATURE SUPPLIES SUPPLIES AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITHE SD CAVALLARO, CYNTHIA SIFER LADORESS 3857 CAMINO REAL SARASOTA FL NAME NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation NOTE Registered Apent agrature in State of the 1 expeciation in St	11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above-named co	rporation submits this statement for the purp	ose of changing its registered office
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Synature, lyfed or printed rearie of ingistered agent and the if explicable NOTE: Repostered Agent segrature requires or when reinstating DATE	SIGNATURE	Xaren No	() showns		3	14196
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an all achment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/90

Daytime Phone #