

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 15 1996 8:00 am
Secretary of State

DOCUMENT # 713428 (1)
1. Corporation Name
EPILEPSY FOUNDATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
40 N. OSPREY AVE., STE. A
SARASOTA FL 34236-5545

Mailing Address
40 N. OSPREY AVE., STE. A
SARASOTA FL 34236-5545



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1967		3a. Date of Last Report 03/02/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1213298		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NAME, ELAINE 426 NORTH SHORE DRIVE SARASOTA FL 34234				81	Name KAREN D. OSBORNE		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	85	Zip Code

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 office or 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Karen D. Osborne*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 3/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	President / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVALLARO, CYNTHIA	1.2 NAME	O.D. Ward
STREET ADDRESS	3857 CAMINO REAL	1.3 STREET ADDRESS	800 Laurel Oak Dr, Suite 101
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Naples, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, BRAD D.	2.2 NAME	Doris Fiddes
STREET ADDRESS	3215 PONY LANE	2.3 STREET ADDRESS	2179 Pinewoods Cir
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Naples, FL
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, PAUL S.	3.2 NAME	Randy Bricher
STREET ADDRESS	7085 S. TAMiami TRAIL STE B	3.3 STREET ADDRESS	1819 Main Street
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDEN, SHIRLEY	4.2 NAME	Brad Wilson
STREET ADDRESS	2540 MAPLELOFT ROAD	4.3 STREET ADDRESS	1819 Main St.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary / DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Cindy Cavallaro
STREET ADDRESS		5.3 STREET ADDRESS	3857 Camino Real
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 or 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)