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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
40 N. OSPREY AVE., STE. A SARASOTA FL 34236-5545
40 N. OSPREY AVE., STE. A SARASOTA FL 34236-8544

3. Date Incorporated or Qualified 10/06/1967 3a. Date of Last Report 03/15/1996
4. FEI Number 59-1213298 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

OSBORNE, KAREN D.
496 NORTH SHORE DRIVE
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 40 N. Osprey Avenue
83
84 City FL 85 Zip Code 34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVALLARO, CYNTHIA	1.2 NAME	
STREET ADDRESS	8857 GAMING REAL	1.3 STREET ADDRESS	3007 Bayshore Road
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRAD D	2.2 NAME	
STREET ADDRESS	1819 MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, PAUL S.	3.2 NAME	
STREET ADDRESS	7085 S. TAMiami TRAIL STE B	3.3 STREET ADDRESS	1505 S. Tamiami Trail, Suite 401A
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Venice, Florida 34292
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, O D	4.2 NAME	
STREET ADDRESS	800 LAUREL OAK DRIVE SUITE 101	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIDDES, DORIS	5.2 NAME	
STREET ADDRESS	2179 DINWOODS CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICHER, RANDY	6.2 NAME	
STREET ADDRESS	1819 MAIN ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 applicable, or on an attachment with an address.

SIGNATURE: President 2/27/97 941-953-5988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0061184

CR2E037 (9/96)