

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721887

FILED
Feb 26, 2009
Secretary of State

Entity Name: EPILEPSY FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

7300 N. KENDALL DRIVE, #700
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7300 N. KENDALL DRIVE, #700
MIAMI, FL 33156

New Mailing Address:

FEI Number: 59-2164525 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BASHA-EGOZI, KAREN
7300 N. KENDALL DR., #700
MIAMI, FL 33156 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: P () Delete
Name: DEAN, PAT MS.
Address: MCH, 3200 SW 62 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: CRAMER, LEN
Address: 3732 WOODFIELD COURT
City-St-Zip: COCONUT CREEK, FL 330763

Title: S () Delete
Name: KIGHTLEY, MICHELLE
Address: 6850 SW 48 STREET
City-St-Zip: MIAMI, FL 33155

Title: V () Delete
Name: NEWMYER, A.G III
Address: 2355 MARSEILLES DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: JONES, CHARLES
Address: 1909 S UNIVERSITY BLVD STE 802
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WHITTLE, DEBBIE
Address: 8563 ROYALWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN BASHA-EGOZI

DIR

02/26/2009

Electronic Signature of Signing Officer or Director

Date