## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 721887** 

FILED Feb 08, 2010 Secretary of State

Entity Name: EPILEPSY FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 BASHA-EGOZI, KAREN
 BASHA-EGOZI, KAREN CEO

 7300 N. KENDALL DR., #700
 7300 N. KENDALL DR., #700

 MIAMI, FL 33156
 US

 MIAMI, FL 33156
 US

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: KAREN BASHA EGOZI 02/08/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: DEAN, PAT MS.

Address: MCH, 3200 SW 62 AVENUE

City-St-Zip: MIAMI, FL 33155

Title: T

Name: CRAMER, LEN

Address: 3732 WOODFIELD COURT City-St-Zip: COCONUT CREEK, FL 330763

Title: S

Name: WHITTLE, DEBBIE
Address: 8563 ROYALWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: \

Name: NEWMYER, A.G III
Address: 2355 MARSEILLES DR

City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM

Name: JONES, CHARLES

Address: 1909 S UNIVERSITY BLVD STE 802 City-St-Zip: JACKSONVILLE, FL 32216

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: KAREN BASHA EGOZI CEO 02/08/2010