

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

DOCUMENT # 723225 (9)

1. Corporation Name

EPILEPSY FOUNDATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

304 N MERIDIAN ST
SUITE 2
TALLAHASSEE FL 32301
US

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SUITE 2
TALLAHASSEE FL 32301
US

3. Date Incorporated or Qualified
04/21/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 701 E. HILLCREST ST
Suite, Apt. #, etc.

26 701 E. HILLCREST ST
Suite, Apt. #, etc.

22 City & State
Orlando fl

27 City & State
Orlando fl

23 Zip
32803

25 Country
Orange

29 Zip
32803

30 Country
Orange

4. FEI Number
59-1412441

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

9. Name and Address of Current Registered Agent

FINDLING, JANET ESO
1409 WEKEWA NENE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BATES, EDRIC R ☐ DELETE
STREET ADDRESS 2526 NW 55TH BLVD.
CITY-ST-ZIP GAINESVILLE FL 32656

TITLE S
NAME BERGER, BETH A ☒ DELETE
STREET ADDRESS 2424 MANATEE AVE., WEST 102
CITY-ST-ZIP BRADENTON FL

TITLE D
NAME MARTINEZ, WALTER ☐ DELETE
STREET ADDRESS 1500 N. DIXIE HWY. #206
CITY-ST-ZIP W. PALM BCH. FL

TITLE T
NAME SAIDE, JOSEPH ☒ DELETE
STREET ADDRESS 12828 CALAIS CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE PP
NAME GOLD SCOTT ☐ DELETE
STREET ADDRESS 1317 OAK ST.
CITY-ST-ZIP MELBOURNE FL 32951

TITLE V
NAME MAYER ROBERT ☐ DELETE
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 2400
CITY-ST-ZIP MIAMI FL 33131

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE GRIFFIN, ANN ☐ Change ☒ Addition
1.2 NAME 1601 N.W. 8TH. AVE
1.3 STREET ADDRESS 410 Dade Diagnostics
1.4 CITY-ST-ZIP Miami, fl. 33136

2.1 TITLE D. ☐ Change ☒ Addition
2.2 NAME TURK, William
2.3 STREET ADDRESS 807 N. W. 5TH ST.
2.4 CITY-ST-ZIP JACKSONVILLE, fl. 32207

3.1 TITLE D. ☐ Change ☒ Addition
3.2 NAME AYOLA, Ricardo
3.3 STREET ADDRESS 140 CENTERVILLE Rd. #300
3.4 CITY-ST-ZIP TALLAHASSEE, fl. 32301

4.1 TITLE D. ☐ Change ☒ Addition
4.2 NAME MCCALL, PATSY
4.3 STREET ADDRESS 1208 WINIFRED DR.
4.4 CITY-ST-ZIP TALLAHASSEE fl. 32308

5.1 TITLE M. ☐ Change ☒ Addition
5.2 NAME EVANCHUK, MERIE C.
5.3 STREET ADDRESS 605 CHESTNUT OAK CIRCLE #701
5.4 CITY-ST-ZIP ALTA MONTE SPRINGS fl. 32701

6.1 TITLE J. ☒ Change ☐ Addition
6.2 NAME MEYER, Robert
6.3 STREET ADDRESS 2474 S.W. 27TH TERRACE
6.4 CITY-ST-ZIP MIAMI, fl. 33133

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: Merle C. Evanchuk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96 407-422-1509
Date Daytime Phone #

CR2E037 (12/95)