

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 724242

1. Entity Name
EPILEPSY RESEARCH FOUNDATION OF FLORIDA, INC.



Principal Place of Business
**10530 NW 15TH PL
GAINESVILLE, FL 32606 US**

Mailing Address
**10530 NW 15TH PL
GAINESVILLE, FL 32606 US**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
23-7290166

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILDER, B J
10530 NW 15TH PL
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILDER, B J
10530 NW 15TH PL
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WILDER, EVELYN
10530 NW 15TH PL
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SCOTT, KAREN
12 BUSHY RIDGE RD
WESTPORT, CT 06880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WILDER, B J JR
5929 NW 83RD TER
GAINESVILLE, FL 32653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NICHOLAS, TERRY W
179 SAN JUAN DRIVE
PONTE VEDRA, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000600892
01/26/07-80028-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evelyn V. Wilder* **Evelyn V. Wilder**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07

Date

352.332.3443

Daytime Phone #