


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 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
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7290166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000785001 01/16/08-80077-016 61.25
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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	

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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 1/11/08 (352) 332-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #