FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:32

DOCUMENT # 726823 (8)

1. Corporation Name
SUNCOAST EPILEPSY ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
5580 PARK BLVD. SUITE 4 PINELLAS PARK FL 34665 US	5580 PARK BLVD. SUITE 4 PINELLAS PARK FL 34665 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1973
3a. Date of Last Report: 07/06/1994
4. FEI Number: 23-7300934 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DAY, JOHN W
2600 9TH ST. NO.
ST. PETERSBURG FL 33704

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President D	☒ Change ☐ Addition
NAME	STARK, GAIL S.	1.2 NAME	Clark, Kenneth C.	
STREET ADDRESS	745 26TH AVE., NO.	1.3 STREET ADDRESS	3509B Sherwood Drive, North	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Largo, Florida 34641	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	DAMERON, DIANA	2.2 NAME		
STREET ADDRESS	2320 COFFEE POT DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	KRIS VAN OLST	3.2 NAME	Macari, Claude	
STREET ADDRESS	4890 14TH ST NE	3.3 STREET ADDRESS	200 33rd Avenue, North	
CITY-ST-ZIP	ST. PETE FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	VINSON, VIRGINIA	4.2 NAME		
STREET ADDRESS	716 64TH AVE. S.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: Gail J. Macari 1/30/95 813-822-8521
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0007740