FILE NOW: FILING FEE IS $61.25

FILED
Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33781-3328 US

3. Date Incorporated or Qualified: 06/28/1973
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business: [redacted]54th Avenue North
Suite, Apt. #, etc. (22):
City & State (23): St. Petersburg, Florida
Zip (24): 33709
Country (25): Pinellas

2a. Mailing Address (26): 5700 54th Avenue North
Suite, Apt. #, etc. (27):
City & State (28): St. Petersburg, Florida
Zip (29): 33709
Country (30): Pinellas

4. FEI Number: 23-7300934 ☐ 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 XX No

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 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 _____ (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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LESTER, ANTHONY		1.2 NAME		
STREET ADDRESS	746 HERITAGE LANE #B		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCLEARY, RICHARD		2.2 NAME		
STREET ADDRESS	1017 BEAVER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	TD	XX DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	MACART, CLAUDE		3.2 NAME	Pidgeon, Phillip D.	
STREET ADDRESS	200 33RD AVENUE, NORTH		3.3 STREET ADDRESS	106 12th Avenue South	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	Safety Harbor, Florida 34695	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BELLER, ANN		4.2 NAME		
STREET ADDRESS	13299 87TH AVENUE, NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	100002065631	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-01/23/97--01010--030	
TITLE		☐ DELETE	6.1 TITLE	***70.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 attached sheet with an address.

SIGNATURE: Bonita Skaggs, Executive Director 1/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052180