FILE NOW: FILING FEE IS $61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
5700 54TH AVENUE NORTH ST. PETERSBURG FL 33709 US	5700 54TH AVENUE NORTH ST. PETERSBURG FL 33709 US

3. Date Incorporated or Qualified: 06/28/1973

4. FEI Number: 23-7300934 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26

Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27

City & State 23 | City & State 28

Zip 24 | Country 25 | Zip 29 | Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	LESTER, ANTHONY		1.2 NAME	McCleary, Richard	
STREET ADDRESS	746 HERITAGE LANE #B		1.3 STREET ADDRESS	1017 Beaver Drive	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MCLEARY, RICHARD		2.2 NAME	Darnell, Alan	
STREET ADDRESS	1017 BEAVER DR		2.3 STREET ADDRESS	3732 Windber Boulevard	
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PIDGEON, PHILLIP D		3.2 NAME		
STREET ADDRESS	106 12TH AVENUE SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		3.4 CITY-ST-ZIP		
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		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 attachment with an address.

SIGNATURE: [signature] [illegible] 4-7-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051473