

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726823

FILED  
Mar 11, 2005  
Secretary of State

**Entity Name:** SUNCOAST EPILEPSY ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 23-7300934      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: BELLER, ANN X CHANGE  
Address: 13150 110TH AVE. NORTH  
City-St-Zip: SEMINOLE, FL 33774

Title: MGRD ( ) Delete  
Name: SKAGGS, BONNIE  
Address: 1281 S. DISSTON AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD ( ) Delete  
Name: MARY, BLUME  
Address: 380 PARK PLACE BLVD, #130  
City-St-Zip: CLEARWATER, FL 33759

Title: TD ( ) Delete  
Name: LORI, CLARK  
Address: 539 59TH AVE.  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: BELLER, ANN  
Address: 13150 110TH AVE. NORTH  
City-St-Zip: SEMINOLE, FL 33774

Title: M (X) Change ( ) Addition  
Name: SKAGGS, BONNIE  
Address: 1281 S. DISSTON AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD (X) Change ( ) Addition  
Name: PAICH, STEVE  
Address: 17755 U S HWY 19 N.  
City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Change (X) Addition  
Name: WHITE, KEVIN  
Address: P O BOX 6497  
City-St-Zip: FLORENCE, KY 41022

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE SKAGGS

M

03/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date