

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726823

FILED
Jan 31, 2006
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 ()

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
Address: 13150 110TH AVE. NORTH
City-St-Zip: SEMINOLE, FL 33774

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: M (X) Change () Addition
Name: FINCH, MICHAEL
Address: 6282 105TH AVENUE N.
City-St-Zip: PINELLAS PARK, FL 33782

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

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

Title: CD (X) Change () 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 Chapter 119, 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: MICHAEL FINCH

M

01/31/2006

Electronic Signature of Signing Officer or Director

Date