

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726823

FILED  
Mar 12, 2009  
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: VD ( ) Delete  
Name: BELLER, ANN  
Address: 13150 110TH AVE. NORTH  
City-St-Zip: SEMINOLE, FL 33774

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

Title: SD ( ) Delete  
Name: BELLER, MARTIN  
Address: 13150 110TH AVE. NORTH  
City-St-Zip: SEMINOLE, FL 33774

Title: TD ( ) Delete  
Name: CAROL, MEARES  
Address: 321 10TH AVENUE  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: CD ( ) Delete  
Name: WHITE, KEVIN  
Address: 688 VALLANCE WAY NE  
City-St-Zip: ST. PETERSBURG, FL 33716

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

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

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

Title: VD (X) Change ( ) Addition  
Name: WHITE, KEVIN  
Address: 688 VALLANCE WAY NE  
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify 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

03/12/2009

Electronic Signature of Signing Officer or Director

Date