2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 726823

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

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

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

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

Title: D
Name: LEICHTFUSS, ROBERT
Address: 4550 COVE CIRCLE, #806
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VD
Name: SKAGGS, RON
Address: 1281 DISSTON AVENUE SOUTH
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL FINCH M 01/03/2012

Electronic Signature of Signing Officer or Director Date