

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727967 (2)

1. Corporation Name

EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

**8 N. COYLE STREET
PENSACOLA FL 32501**

**8 N. COYLE STREET
PENSACOLA FL 32501**

3. Date Incorporated or Qualified

11/07/1973

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7377993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMMINGER, JAMES
1734 ENSENADA UNO
PENSACOLA BEACH FL 32561**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YAX, LAWRENCE D. DR
STREET ADDRESS 1000 COLLEGE BLVD.
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

1.1 TITLE VD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 32504

☒ Change ☐ Addition

TITLE VD
NAME SMITH, BRAD
STREET ADDRESS 27 E. WRIGHT ST.
CITY-ST-ZIP PENSACOLA FL

☒ DELETE

2.1 TITLE PD
2.2 NAME Smith, J.D.
2.3 STREET ADDRESS 30 S. Spring Street
2.4 CITY-ST-ZIP Pensacola, Florida 32501

☐ Change ☒ Addition

TITLE D
NAME POOL, JAMES
STREET ADDRESS 916 S. I STREET
CITY-ST-ZIP PENSACOLA FL

☒ DELETE

3.1 TITLE TD
3.2 NAME Hutcheson, John
3.3 STREET ADDRESS 8383 N. Davis Hwy.
3.4 CITY-ST-ZIP Pensacola, Florida 32514

☐ Change ☒ Addition

TITLE SD
NAME FRANZ, DOUG
STREET ADDRESS 160 GOVERNMENT CIRCLE, #104
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 4700 Bayou Blvd. #1
4.4 CITY-ST-ZIP Pensacola, Florida 32504

☒ Change ☐ Addition

TITLE TD
NAME HOWARD, DONNA
STREET ADDRESS 3520 HOPESTILL ROAD
CITY-ST-ZIP PENSACOLA FL

☒ DELETE

5.1 TITLE D
5.2 NAME Powell, Diane
5.3 STREET ADDRESS 500 Bayfront Parkway
5.4 CITY-ST-ZIP Pensacola, Florida 32501

☐ Change ☒ Addition

TITLE D
NAME HAGEROTT, KAREN
STREET ADDRESS 103 S. ALCANIZ STREET
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 600 E. Government Street
6.4 CITY-ST-ZIP Pensacola, Florida 32501

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Doug Franz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 1996

Date

(904)433-1395

Daytime Phone #

CR2E037 (12/95)