


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90192 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 727967					
1. Corporation Name EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 8 N. COYLE STREET PENSACOLA FL 32501			Mailing Address 8 N. COYLE STREET PENSACOLA FL 32501		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 11/07/1973 4. FEI Number 23-7377993 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent RAMMINGER, JAMES 1734 ENSENADA UNO PENSACOLA BEACH FL 32561				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YAX, LAWRENCE D. DR			1.2 NAME			
STREET ADDRESS	1000 COLLEGE BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, J.D.			2.2 NAME			
STREET ADDRESS	30 S SPRING STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHESON, JOHN			3.2 NAME			
STREET ADDRESS	8383 N DAVIS HWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANZ, DOUG			4.2 NAME			
STREET ADDRESS	4700 BAYOU BLVD #1			4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWELL, DIANE			5.2 NAME			
STREET ADDRESS	500 BAYFRONT PARKWAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAGEROTT, KAREN			6.2 NAME			
STREET ADDRESS	600 E GOVERNMENT ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOUG FRANZ - 1/28/99 850-433-1395

CR2E037 (1/98)