2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 727967

Entity Name: EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.

FILED Jan 07, 2002 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
AN ANY E ATREET	

8 N. COYLE STREET PENSACOLA, FL 32501

Current Mailing Address: New Mailing Address:

8 N. COYLE STREET PENSACOLA, FL 32501

FEI Number: 23-7377993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMMINGER, JAMES 1734 ENSENADA UNO PENSACOLA BEACH, FL 32561

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: P/D (X) Change () Addition
Name: YAX, LAWRENCE D. DR, Name: MURPHY, BOB
Address: 1000 COLLEGE BLVD

 Address:
 1000 COLLEGE BLVD.
 Address:
 P.O. BOX 17500

 City-St-Zip:
 PENSACOLA, FL
 City-St-Zip:
 PENSACOLA, FL
 32522

Title: D () Delete Title: D (X) Change () Addition Name: SMITH, J.D. Name: SMITH, J.D.

Address: 30 S SPRING STREET Address: 4300 BAYOU BLVD.. #10

City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete Title: V/D (X) Change () Addition
Name: HUTCHESON, JOHN Name: HUTCHESON, JOHN DR.

 Address:
 8383 N DAVIS HWY
 Address:
 8333 N DAVIS HWY

 City-St-Zip:
 PENSACOLA, FL
 City-St-Zip:
 PENSACOLA, FL 32514

Title: TD () Delete Title: T/D (X) Change () Addition

 Name:
 FRANZ, DOUG
 Name:
 FRANZ, DOUG

 Address:
 4700 BAYOU BLVD #1
 Address:
 4700 BAYOU BLVD #1

 City-St-Zip:
 PENSACOLA, FL
 23504

Name: ROBINSON, CHARLES Name: ROBINSON, CHARLES

 Address:
 PO BOX 510
 Address:
 PO BOX 510

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:
 PENSACOLA, FL 32501

Oity 6t-2ip. 1 ENGAGODA, 12 32301

 Address:
 600 E GOVERNMENT ST
 Address:
 4872 LANETT DRIVE

 City-St-Zip:
 PENSACOLA, FL
 232526

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOB MURPHY P/D 01/07/2002