

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727967

**FILED**  
**Jan 14, 2004**  
**Secretary of State****Entity Name:** EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.**Current Principal Place of Business:**8 N. COYLE STREET  
PENSACOLA, FL 32501**New Principal Place of Business:**8 N. COYLE STREET  
PENSACOLA, FL 32502**Current Mailing Address:**8 N. COYLE STREET  
PENSACOLA, FL 32501**New Mailing Address:**8 N. COYLE STREET  
PENSACOLA, FL 32502**FEI Number:** 23-7377993**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RAMMINGER, JAMES  
1734 ENSENADA UNO  
PENSACOLA BEACH, FL 32561**Name and Address of New Registered Agent:**RAMMINGER, JAMES C MR.  
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: JAMES C. RAMMINGER

01/14/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P/D ( ) Delete  
**Name:** MURPHY, BOB  
**Address:** P.O. BOX 17500  
**City-St-Zip:** PENSACOLA, FL 32522**Title:** D ( ) Delete  
**Name:** DELEVETT, PETER  
**Address:** 1660 E TEXAS DR  
**City-St-Zip:** PENSACOLA, FL 32503**Title:** V/D ( ) Delete  
**Name:** HUTCHESON, JOHN DR.  
**Address:** 8333 N DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32514**Title:** T/D ( ) Delete  
**Name:** FRANZ, DOUG  
**Address:** 4700 BAYOU BLVD #1  
**City-St-Zip:** PENSACOLA, FL 32504**Title:** S/D ( ) Delete  
**Name:** ROBINSON, CHARLES  
**Address:** PO BOX 510  
**City-St-Zip:** PENSACOLA, FL 32501**Title:** D ( ) Delete  
**Name:** POUNDERS, RIC  
**Address:** 4872 LANETT DRIVE  
**City-St-Zip:** PENSACOLA, FL 32526**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** V/D (X) Change ( ) Addition  
**Name:** MURPHY, BOB  
**Address:** P.O. BOX 17500  
**City-St-Zip:** PENSACOLA, FL 32522**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:** S/D (X) Change ( ) Addition  
**Name:** ROBINSON, CHARLES  
**Address:** 21 E. GARDEN STREET  
**City-St-Zip:** PENSACOLA, FL 32501**Title:** P/D (X) Change ( ) Addition  
**Name:** POUNDERS, RIC  
**Address:** 3400 WIMBLEDON DRIVE  
**City-St-Zip:** PENSACOLA, FL 32504

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: RIC POUNDERS

MR.

01/14/2004

Electronic Signature of Signing Officer or Director

Date