2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# 727967

Entity Name: EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

8 N. COYLE STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

8 N. COYLE STREET
PENSACOLA, FL 32502

New Mailing Address:

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 C MR.
1734 ENSENADA UNO
PENSACOLA BEACH, FL 32561 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:	V/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:	21 E. GARDEN STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	P/D	( ) Delete
Name:	POUNDERS, RIC	
Address:	3400 WIMBLEDON DRIVE	
City-St-Zip:	PENSACOLA, FL 32504	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 P/D 01/10/2005

Electronic Signature of Signing Officer or Director — Date