
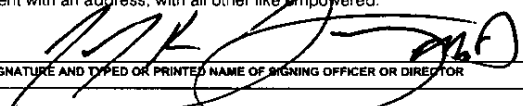


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90001 034 ****70.00

DOCUMENT # 727967 1. Entity Name EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 8 N. COYLE STREET PENSACOLA, FL 32502			Mailing Address 8 N. COYLE STREET PENSACOLA, FL 32502		
2. Principal Place of Business 5192 Bayou Blvd. Suite, Apt. #, etc. 3rd floor CMS Building City & State Pensacola Fl Zip 32503 Country Escambia		3. Mailing Address 5192 Bayou Blvd. Suite, Apt. #, etc. 3rd floor CMS Building City & State Pensacola Fl Zip 32503 Country Escambia			
4. FEI Number 23-7377993				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				07122006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent RAMMINGER, JAMES C MR. 1734 ENSENADA UNO PENSACOLA BEACH, FL 32561			7. Name and Address of New Registered Agent Name Marcia T. Gainey Street Address (P.O. Box Number is Not Acceptable) 4524 Gladstone Dr. City Pensacola FL Zip Code 32514		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Marcia T. Gainey Acting Ex. Director Marcia T. Gainey 8/29/06 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MURPHY, BOB P.O. BOX 17500 PENSACOLA, FL 32522	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Joel Fairbanks, PhD P.O. Box 18487 Pensacola, FL 32523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEVETT, PETER 1660 E TEXAS DR PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Robert Kelley 608 Somerset Dr Pensacola, FL 32526	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HUTCHESON, JOHN DR. 8333 N DAVIS HWY PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Maria Lopez 5192 Bayou Blvd. Pensacola, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D FRANZ, DOUG 4700 BAYOU BLVD #1 PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ROBINSON, CHARLES 21 E. GARDEN STREET PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D POUNDERS, RIC 3400 WIMBLEDON DRIVE PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			2/13/06 950-202-0028 <small>Date Daytime Phone #</small>		