

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90012 034 ****70.00

DOCUMENT # 727967 1. Entity Name EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 5192 BAYOU BLVD 3RD FLOOR CMS BLDG PENSACOLA, FL 32503			Mailing Address 5192 BAYOU BLVD 3RD FLOOR CMS BLDG PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAINEY, MARCIA T 4524 GLADSTONE DR PENSACOLA, FL 32514			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small> <div style="text-align: right;"><small>DATE</small></div>					
Filing Fee is \$61.25 Due by September 14, 2007		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	PD FAIRBANKS, BOB PHD PO BOX 18487 PENSACOLA, FL 32523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terri Keohane <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5193 n. ninth Ave. Ste. 300 Pensacola, Fl 32504		
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	D Terrill Bryant <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11662 Wakefield Dr. Pensacola, Fl 32514		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HUTCHESON, JOHN DR. 8333 N DAVIS HWY PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J.D. Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25 W. Government St. Pensacola Fl 32502		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLEY, ROBERT 6018 SOMERSET DR PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen Hagerott Ph.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4501 Woodbine Rd. Pace, FL 32571		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, MARIA 5192 BAYOU BLVD PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JoAnn Massey, Psy.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8383 N. Davis Hwy Pensacola, Fl 32514		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D POUNDERS, RIC 3400 WIMBLEDON DRIVE PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doug Jones <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1788 E. Jordan St. Pensacola, Fl 32503		
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: <u>Robert L. Kelly</u> <u>Robert L. Kelly</u> <u>7/12/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right;"><small>Date</small> <small>Daytime Phone #</small></div>					