

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90040 045 ****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		Country		4. FEI Number 23-7377993	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GAINEY, MARCIA T 4524 GLADSTONE DR PENSACOLA, FL 32514				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	Joann Massey President 8383 N. Davis Hwy. Pensacola, FL 32514
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	Fairbanks, Joel D 900 Garden Gate Cr. Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEOHANE, TERRI 5193 N. NINTH AVE STE #300 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	TD KELLEY, ROBERT 6018 SOMERSET DR PENSACOLA, FL 32526	<input 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	SD LOPEZ, MARIA 5192 BAYOU BLVD PENSACOLA, FL 32503	<input 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	D BRYANT, TERRILL 11662 WAKEFIELD DR PENSACOLA, FL 32514	<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 reports 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: <i>Robert L. Kelley</i> Robert L. Kelley 4/15/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					