

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727967

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

5192 BAYOU BLVD  
3RD FLOOR CMS BLDG  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

5192 BAYOU BLVD  
3RD FLOOR CMS BLDG  
PENSACOLA, FL 32503

**New Mailing Address:**

5192 BAYOU BLVD.  
PENSACOLA, FL 32503

**FEI Number:** 23-7377993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAINEY, MARCIA T  
4524 GLADSTONE DR  
PENSACOLA, FL 32514 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: PD ( ) Delete  
Name: MASSEY, JOANN  
Address: 8383 N DAVIS HWY  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: FAIRBANKS, JOEL D  
Address: 900 GARDEN GATE CIR  
City-St-Zip: PENSACOLA, FL 32503

Title: TD ( ) Delete  
Name: KELLEY, ROBERT  
Address: 6018 SOMERSET DR  
City-St-Zip: PENSACOLA, FL 32526

Title: SD ( ) Delete  
Name: LOPEZ, MARIA  
Address: 5192 BAYOU BLVD  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: BRYANT, TERRILL  
Address: 11662 WAKEFIELD DR  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DS (X) Change ( ) Addition  
Name: CHMIEL, DAVID  
Address: 6381 KEATING RD.  
City-St-Zip: PENSACOLA, FL 32504

Title: TD (X) Change ( ) Addition  
Name: KELLEY, ROBERT  
Address: 4585 ISABELLA INGRAM DR.  
City-St-Zip: PENSACOLA, FL 32504

Title: VPD (X) Change ( ) Addition  
Name: LOPEZ, MARIA  
Address: 5905 WINDTRACE CT.  
City-St-Zip: PENSACOLA, FL 32504

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

Title: D ( ) Change (X) Addition  
Name: HAGEROTT, KAREN  
Address: 4501 WOODBINE RD.  
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARCIA T. GAINEY

ED

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date