

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727967

FILED
Apr 13, 2010
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.
PENSACOLA, FL 32503

New Mailing Address:

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

FEI Number: 23-7377993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: D
Name: MASSEY, JOANN
Address: 8383 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: PD
Name: CHMIEL, DAVID
Address: 6381 KEATING RD.
City-St-Zip: PENSACOLA, FL 32504

Title: TD
Name: IRPS, DALE
Address: 2617 YOUNGWOOD LANE
City-St-Zip: CANTONMENT, FL 32533

Title: VPD
Name: HAGEROTT, KAREN
Address: 4501 WOODBINE RD.
City-St-Zip: PACE, FL 32571

Title: SD
Name: BRYANT, TERRILL
Address: 11662 WAKEFIELD DR
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: LOPEZ, MARIA
Address: 5905 WINDTRACE CT.
City-St-Zip: PENSACOLA, FL 32504

I hereby 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 all other like empowered.

SIGNATURE: MARCIA T. GAINEY

E D

04/13/2010

Electronic Signature of Signing Officer or Director

Date