

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90080 049 \*\*\*\*61.25

**DOCUMENT # 727967**

1. Entity Name

**EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.**



Principal Place of Business

**8 N. COYLE STREET  
PENSACOLA FL 32501**

Mailing Address

**8 N. COYLE STREET  
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7377993**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAMMINGER, JAMES  
1734 ENSENADA UNO  
PENSACOLA BEACH FL 32561**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ Delete  
NAME **MURPHY, BOB**  
STREET ADDRESS **P.O. BOX 17500**  
CITY-ST-ZIP **PENSACOLA FL 32522**

TITLE **D** ☒ Delete  
NAME **SMITH, J.D.**  
STREET ADDRESS **4300 BAYOU BLVD., #10**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **V/D** ☐ Delete  
NAME **HUTCHESON, JOHN DR.**  
STREET ADDRESS **8333 N DAVIS HWY**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **T/D** ☐ Delete  
NAME **FRANZ, DOUG**  
STREET ADDRESS **4700 BAYOU BLVD #1**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **S/D** ☐ Delete  
NAME **ROBINSON, CHARLES**  
STREET ADDRESS **PO BOX 510**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Delete  
NAME **POUNDERS, RIC**  
STREET ADDRESS **4872 LANETT DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32526**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **DELEVETT, PETER**  
STREET ADDRESS **1660 E. TEXAS DRIVE**  
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*  
**RIC POUNDERS**

1/14/03

850-433-1395

CR2E037 (10/02)