

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011328

FILED
Jan 23, 2012
Secretary of State

Entity Name: FLORIDA EPILEPSY ALLIANCE, INC.

Current Principal Place of Business:

3811 WEST SLIGH AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3811 WEST SLIGH AVENUE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 32-0361976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRANT, DAN
3811 WEST SLIGH AVENUE
TAMPA, FL 33614 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: GRANT, DAN
Address: 3811 WEST SLIGH AVENUE
City-St-Zip: TAMPA, FL 33614

Title: D
Name: CONNOR, JAMES
Address: 3811 WEST SLIGH AVENUE
City-St-Zip: TAMPA, FL 33614

Title: D
Name: FINCH, MICHAEL
Address: 5700 54TH AVENUE NORTH
City-St-Zip: ST PETERSBURGH, FL 33709

Title: D
Name: BELLAR, ANN
Address: 5700 54TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33709

Title: D
Name: SHUSTER, ROBERT
Address: 1900 MAIN STREET, STE 212
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: SUCH, CHUCK
Address: 1900 MAIN STREET, STE 212
City-St-Zip: SARASOTA, FL 34236

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: DAN GRANT

D

01/23/2012

Electronic Signature of Signing Officer or Director

Date