

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N15161 (5)**

1. Corporation Name

**EPILEPSY ASSOCIATION OF BROWARD COUNTY, INCORPORATED**



Principal Place of Business

Mailing Address

512 NE THIRD AVE  
FT LAUDERDALE FL 33301-3236  
US

512 NE THIRD AVE  
FT LAUDERDALE FL 33301-3236  
US

3. Date Incorporated or Qualified

05/29/1986

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-2680343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMBLIN, JAMES K.  
512 NE THIRD AVE  
FT LAUDERDALE FL 33301

81 Name

WENDY A. STEPHENS

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

512 N.E. THIRD AVENUE

83

84 City

FT. LAUDERDALE

FL

85 Zip Code  
33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Wendy A. Stephens*

WENDY A. STEPHENS

4/11/96

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

(If "O" E Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COLLIER, DOUG	
STREET ADDRESS	4875 N. FEDERAL HIGHWAY	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PANISCH, ROBERT M. E	
STREET ADDRESS	2092 N. UNIVERSITY DRIVE	
CITY - ST - ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EPSTEIN, MARK M	
STREET ADDRESS	10167 NW 31 ST, STE 201	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KRITSCH, F D	
STREET ADDRESS	50 E SAMPLE RD, STE 302	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	HAMBLIN, JAMES K.	
STREET ADDRESS	512 NE THIRD AVE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STROKER, GEORGE L.	
1.3 STREET ADDRESS	150 S. Pine Island Road	
1.4 CITY - ST - ZIP	Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KROHN, MEL DR.	
2.3 STREET ADDRESS	7500 NW 5 Street	
2.4 CITY - ST - ZIP	Plantation, FL 33317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DANIELS, ANDREW E.	
4.3 STREET ADDRESS	110 E. Broward Blvd.	
4.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	ED	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WENDY A. STEPHENS	
5.3 STREET ADDRESS	512 NE Third Avenue	
5.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Wendy A. Stephens*

WENDY A. STEPHENS

4/11/96

(954) 779-1509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E037 (12/95)