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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

512 NE THIRD AVE  
FT LAUDERDALE FL 33301-3236  
US

Mailing Address

512 NE THIRD AVE  
FT LAUDERDALE FL 33301-3236  
US

3. Date Incorporated or Qualified  
05/29/1986

3a. Date of Last Report  
04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

28

29

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENDY A STEPHENS  
512 NE THIRD AVENUE  
FT. LAUDERDALE FL 33301

81 Name  
Jacqueline M. Johnson

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 a resident of the State of Florida, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Jacqueline M. Johnson* Jacqueline M. Johnson 4/10/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GEORGE L STROKER  
STREET ADDRESS 150 S PINE ISLAND ROAD  
CITY-ST-ZIP PLANTATION FL ☒ DELETE

TITLE VD  
NAME MEL KROHN, MD  
STREET ADDRESS 7500 NW 5TH STREET  
CITY-ST-ZIP PLANTATION FL ☒ DELETE

TITLE SD  
NAME EPSTEIN, MARK M  
STREET ADDRESS 10167 NW 31 ST, STE 201  
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE TD  
NAME ANDREW E DANIELS  
STREET ADDRESS 110 E BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE ED  
NAME WENDY A STEPHENS  
STREET ADDRESS 512 NE THIRD AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Krohn, Mel Dr.  
1.3 STREET ADDRESS 7500 N. W. 5 Street  
1.4 CITY-ST-ZIP Plantation, FL 33317 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ED  
5.2 NAME Jacqueline M. Johnson  
5.3 STREET ADDRESS 512 N. E. Third Avenue  
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301 ☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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: *Jacqueline M. Johnson* Jacqueline M. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035360 X 1852

CR2E037 (9/96)