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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, JACQUELINE M
512 N.E. THIRD AVE.
FT. LAUDERDALE FL 33301**

81 Name

PATRICIA A. CLARK

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

512 N.E. THIRD AVENUE

83

84 City

FT. LAUDERDALE

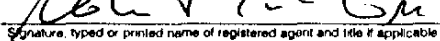
FL

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


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

ROBERT E. McGRATH, TREASURER

4/14/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **KROHN, MEL DR.**
STREET ADDRESS **7500 N.W. 5 STREET**
CITY-ST-ZIP **PLANTATION FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE

NAME **EPSTEIN, MARK M**
STREET ADDRESS **10167 NW 31 ST, STE 201**
CITY-ST-ZIP **CORAL SPRINGS FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE

NAME **ANDREW E DANIELS**
STREET ADDRESS **110 E BROWARD BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **ED** ☒ DELETE

NAME **JOHNSON, JACQUELINE M**
STREET ADDRESS **512 N.E. THIED AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:



ROBERT E. McGRATH, TREASURER

4/14/98

CR2E037 (10/97)