


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90033 039 ****70.00

DOCUMENT # N28851 1. Entity Name EPILEPSY ASSOCIATION OF THE BIG BEND, INC.					
Principal Place of Business 1215 LEE AVE STE M-4 TALLAHASSEE, FL 32303			Mailing Address 1215 LEE AVE STE M-4 TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2935276	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WOODWARD, MARTHINE V. 1209 MAPLE DR TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRCH, JOHN H. JR. 2060 OWENBY DR. TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JAMES R., JR. 1804 BOWMAN LANE LYNN HAVEN, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINER, BOBBIE JO 5076 SWEET BASIL JANE TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAND, VICTORIA P. 3458 GARDENVIEW WAY TALLAHASSEE, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAZZARA, JOHN 329 MEADOW RIDGE DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODWARD, MARTHINE V. 1209 MAPLE DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS-ELLIOTT, FELICIA 2322 JIM LEE ROAD TALLAHASSEE, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBERT, JASON 909 CHERRY LAUREL ST TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAMMERT, JASON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRISBY, MERRY ANN 265 W. MADISON STREET MONTICELLO, FL 32344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jason Lambert</u> President, Board of Directors 01/09/2008 850-644-5004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
40001128

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #N28851

Epilepsy Association of the Big Bend, Inc.

11. Additions/changes to officers and directors

D Addition

HAMPTON, PHYLLIS
1215 N. PEACOCK AVENUE
PERRY, FL 32347

D Addition

KOBERDA, J. LUCAS
2858 MAHAN DRIVE, SUITE 5
TALLAHASSEE, FL 32308

D Addition

MOBLEY, MELANIE
1401 CENTERVILLE ROAD, SUITE 300
TALLAHASSEE, FL 32308

D Addition

WINTERLE, JOE
606 PLANTATION ROAD
TALLAHASSEE, FL 32303