2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N28851

Entity Name: EPILEPSY ASSOCIATION OF THE BIG BEND, INC.

Current Principal Place of Business:

1215 LEE AVE
STE M-4
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1215 LEE AVE
STE M-4
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-2935276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOODWARD, MARTHINE V.
1209 MAPLE DR
TALLAHASSEE, FL 32301 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	( ) Delete
Name:	BAILEY, JAMES R JR	
Address:	1804 BOWMAN LN	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	TD	( ) Delete
Name:	FINER, BOBBIE JO	
Address:	5076 SWEET BASIL JANE	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	VD	( ) Delete
Name:	LAZZARA, JOHN	
Address:	329 MEADOW RIDGE DR	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	SD	( ) Delete
Name:	WOODWARD, MARTHINE V, .	
Address:	1209 MAPLE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	PD	( ) Delete
Name:	LAMMERT, JASON	
Address:	909 CHERRY LAUREL ST	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	FRISBY, MERRY ANN	
Address:	265 W MADISON ST	
City-St-Zip:	MONTICELLO, FL 32344	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTHINE V. WOODWARD SECY 01/17/2009
Electronic Signature of Signing Officer or Director — Date