## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28851

FILED Feb 03, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1215 LEE AVE STE M-4

TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

1215 LEE AVE STE M-4 TALLAHASSEE, FL 32303

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODWARD, MARTHINE V. 1209 MAPLE DR TALLAHASSEE, FL 32301 US

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: [

 Name:
 BAILEY, JAMES R JR

 Address:
 1804 BOWMAN LN

 City-St-Zip:
 LYNN HAVEN, FL 32444

Title: TD

Name: FINER, BOBBIE JO
Address: 5076 SWEET BASIL JANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: VD

Name: LAZZARA, JOHN
Address: 329 MEADOW RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD

Name: WOODWARD, MARTHINE V. Address: 1209 MAPLE DRIVE City-St-Zip: TALLAHASSEE, FL 32301

Title: PD

 Name:
 LAMMERT, JASON

 Address:
 909 CHERRY LAUREL ST

 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: [

 Name:
 FRISBY, MERRY ANN

 Address:
 265 W MADISON ST

 City-St-Zip:
 MONTICELLO, FL 32344

I hereby 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 all other like empowered.

SIGNATURE: MARTHINE V.WOODWARD SD 02/03/2010