

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28851

FILED
Feb 09, 2011
Secretary of State

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
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: D
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

02/09/2011

Electronic Signature of Signing Officer or Director

Date