FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 6:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004263 (9)**

1. Corporation Name
THE EPILEPSY FOUNDATION OF NORTHEAST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6020 CHESTER AVE ROOM 106 JACKSONVILLE FL 32217	6020 CHESTER AVE ROOM 106 JACKSONVILLE FL 32217

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report:
4. FEI Number: 59-3295718 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status pending ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. SAME	27 Suite, Apt. #, etc. SAME
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ATWATER, GREGORY L
1279 KINGSLEY AVE
SUITE 102
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Same
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when construing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WHEELER, DONNA	12 NAME	
STREET ADDRESS	3216 OAK ST #2	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JONES, CHARLES	22 NAME	
STREET ADDRESS	1909 S UNIVERSITY BLVD #802	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	OKEN, SUZANNE	32 NAME	James DeLatte
STREET ADDRESS	3408 SANCTUARY BLVD	33 STREET ADDRESS	9339 East Jaybird Circle
CITY-ST-ZIP	JACKSONVILLE FL 32250	34 CITY-ST-ZIP	Jacksonville, FL. 32257
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, JESSE JR	42 NAME	
STREET ADDRESS	1522 MOUNTAIN LAKE DR W	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221-5560	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCHOENIG, ERIC	52 NAME	
STREET ADDRESS	90 TIFRON COVE N	53 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 904-731-3752
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Eric W. Schoenig, Director

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