

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N94000004263 (9)

1. Corporation Name

THE EPILEPSY FOUNDATION OF NORTHEAST FLORIDA, INC.



Principal Place of Business

Mailing Address

6028 CHESTER AVE
ROOM 106
JACKSONVILLE FL 32217

6028 CHESTER AVE
ROOM 106
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified
08/30/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3295718

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME WHEELER, DONNA
STREET ADDRESS 3216 OAK ST #2
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☐ DELETE
NAME JONES, CHARLES
STREET ADDRESS 1909 S UNIVERSITY BLVD #802
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE
NAME DELATTE, JAMES
STREET ADDRESS 9339 EAST JAYBIRD CIRCLE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME ROBERTS, JESSE JR
STREET ADDRESS 1522 MOUNTAIN LAKE DR W
CITY-ST-ZIP JACKSONVILLE FL 32221-5560

TITLE D ☐ DELETE
NAME SCHOENIG, ERIC
STREET ADDRESS 90 TIFRON COVE N
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P (President) ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP (Vice President) ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE T (Treasurer) ☐ Change ☒ Addition
6.2 NAME Deborah Birtalan
6.3 STREET ADDRESS 5754 Tim Tom Drive
6.4 CITY-ST-ZIP Jacksonville, FL 32217

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/96 904 737-4129

CR2E037 (12/95)