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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004263 (9)**

1. Corporation Name

THE EPILEPSY FOUNDATION OF NORTHEAST FLORIDA, IN C.

Principal Place of Business

Mailing Address

**6028 CHESTER AVE
ROOM 106
JACKSONVILLE FL 32217**

**6028 CHESTER AVE
ROOM 106
JACKSONVILLE FL 32217-2204**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/30/1994	3a. Date of Last Report 05/01/1996
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21. Suite, Apt. #, etc. <i>Same</i>	26. Suite, Apt. #, etc. <i>Same</i>	4. FEI Number 59-3295718	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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. <i>Same</i> 84. City FL 85. Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P JONES, CHARLES	1.2 NAME	
STREET ADDRESS	1909 S UNIVERSITY BLVD #802	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	zip 32216
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP DELATTE, JAMES	2.2 NAME	VD Jan OSTLER
STREET ADDRESS	9339 EAST JAYBIRD CIRCLE	2.3 STREET ADDRESS	11350 Weedon Island Way
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROBERTS, JESSE JR	3.2 NAME	
STREET ADDRESS	1522 MOUNTAIN LAKE DR W	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221-5560	3.4 CITY-ST-ZIP	zip - 32221
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SCHOENIG, ERIC	4.2 NAME	
STREET ADDRESS	90 TIFRON COVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	4.4 CITY-ST-ZIP	zip - 32082
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T DEBORAH BIRTALAN	5.2 NAME	T.D. Deborah BIRTALAN
STREET ADDRESS	5754 JIM TOM DRIVE	5.3 STREET ADDRESS	5754 Jim Tom Drive
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SD Joanne ROSEK
STREET ADDRESS		6.3 STREET ADDRESS	532 Lake Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082

14. I do hereby certify that the information supplied with this filing 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 _____ (John W. Frank) 4/22/97

CR2E037 (9/96)