FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

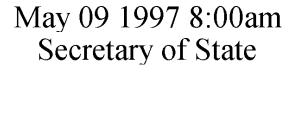
1997

DOCUMENT # N9400004263 (9)

THE EPILEPSY FOUNDATION OF NORTHEAST FLORIDA, IN

Principal Place of Business

Mailing Address



FILED

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Timorpai ridoc	o o bosinos	Maning Addition							
6028 CHESTER AVE 6028 CHESTER AVE									
ROOM 106		ROOM 106	_						
JACKSONVILLE 1	FL 32217	JACKSONVILLE FL 32217-2204			3. Date Incorporated or Qualified 08/30/1994	Oualified 3a. Date of Last Report 05/01/1996			
2. Principal Place of Business 28. Mailing Address					4. FEt Number		Ar	plied For	
21		26		\wedge	59-3295718		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc	me		5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State 23		Cily & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24	Country 25	Zip 3	Oountry 30	/	This corporation has liability for Florida Statutes	intangible ta		. 199.032,	
	9. Name and Address of Curren		~		10. Name and Address of New Re				
			81	Name					
ATWATER, GREGORY L				Street	Street Address (P.O. Box Number is Not Acceptable)				
	GSLEY AVE		83	 					
SUITE 10					2011	4			
UKANGE	PARK FL 32073		84	City		FL	85 Zip (Code	
dd Damasani	to the accidence of Continue 517 050	00 and C17 1500 Florida Clatular			the state of the s				
office or re	egistered agent, or both, in the State	i of Florida. Such change was au	rthorized b	y the corp	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appoir	nanging it ntment as	registered	
agent. I a	m tamiliar with, and accept the obliga	ations of, Section 617.0503, Flori	ida Statute	S.					
SIGNATURE .									
	Signature, typed or printed name of registered ago	on and title if applicable (NOTE: D DIRECTORS		ent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND D	VIDEOTOL	C (N. 10	
12.	DEFICERS AN	DELETE	18. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	JONES, CHARLES					L	7 Change	וטוווטא ב	
	1909 S UNIVERSITY BLVD #8	00	1.2 NAME	* * * * * * * * * * * * * * * * * * * *	1				
STREET ADORESS		02		T ADDRESS	200 322	216			
CITY-ST-ZIP	JACKSONVILLE FL VP	☐ DELE1E	1.4 CHTY-1 2.1 TITLE	51 - ZIP	1/5	- E	Change	Addition	
TITLE	**	□ been			VD Jan OSTLER 11350 Weedon Islam Jacksonn'llo, FL		П спинве	[_] MODITION	
NAME	DELATTE, JAMES		2.2 NAME		11350 Weedon Islam	d Way	_		
STREET ADDRESS	9339 EAST JAYBIRD CICLE			I ADDRESS	Jacksmille G	22725	_		
CITY-ST-ZIP	JACKSONVILLE FL	D DC(EXE	2. # CHTY-	ST - ZIP	Odeksonville, FC	D F F F S	Change	Addition	
TITLE	D	☐ DELETE	3.1 THILE			LE.	T Unange	L_ Addition	
NAME	ROBERTS, JESSE JR		3.2 NAME						
STREET ADDRESS	1522 MOUNTAIN LAKE DR W	_		T ADDRESS	ZIP - 322	2/			
CITY-ST-ZIP	JACKSONVILLE FL 32221-556		3.4. CITY-	ST-7IP			12	A a area	
TITLE	D	☐ DELETE	4.1 TITLE			i.	Change	Addition	
NAME	SCHOENIG, ERIC		4. 2 NAME						
STREET ADDRESS	90 TIFRON COVE N		4.3 STREF	T ADDRESS	210-3208	2			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 320		4.4 CITY-	ST - ZIP	217 32 00				
TITLE	T	☐ DELETE	5.1 TITLE		TDE		Change	L_ Addition	
NAME	DEBORAH BIRTALAN		5.2 NAME		Debovah BIRTMAN 5754 Jim Ton DRIVE	_			
STREET ADDRESS	5754 JIM TOM DRIVE		5.3 STREE	ADDRESS	8754 Jim lan DRNE	;			
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-	ST - Z IP	Jacksonville, fr 32				
TITLE		DELETE	6.1 TITLE		SD Joanne Roser	L.	Change	Addition	
NAME			6.2 NAME		532 Lake RD.				
STREET ADDRESS			6.3 STREE	T ADDRESS		6	~ C		
CITY-ST-ZIP			6.4 CITY -	ST-ZIP	Ponte Vedra Beach	12 321	285		
	by certify that the information supplie	d with this filing does not qualify			slated in Section 119.07(3)(i). Florida Statute			the	

Applied whith his hims does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes, Flutther certify that the for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that short the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name so, or on an altagriment with an address. information indicated on this annual ropo I am an officer or director of the corporal appears in Block 12 or Block 13 if chara