## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 12 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400004263 (9)

THE EPILEPSY FOUNDATION OF NORTHEAST FLORIDA, IN C.

C.				
Principal Place of Business	Mailing Address			ini nann agun atam ttara aman hin ibat
6028 CHESTER AVE 6028 CHESTER AVE			3. Date incorporated or Qualified	
ROOM 108	ROOM 106		08/30/1994	
JACKSONVILLE FL 32217	JACKSONVILLE FL 32217		4. FEI Number	Applied For
			59-3295718	Not Applicable
2. Principal Place of Business	2a. Mailing Address		5. Certificate of Status Desired	□ \$8.75 Additional
21	26	1		Fee Required
Sulte, Apt. #, stc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State	City & State		Trust Fund Contribution	Added to Fees
23	28		7. Is this nonprofit corporation a hor	Yes No
Zip Country	Zip	Country	8. This corporation owes or has paid	I the current year Intangible
24 25	29 30		Personal Property Tax due June 3	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
		81 Name		
ATWATER, GREGORY L		82 Street	Address (P.O. Box Number is Not Acceptable	9)
1279 KINGSLEY AVE SUITE 102 ORANGE PARK FL 32073		83	- Ame	
		اسا	Joe .	İ
ONANGE PARK PE 320/3		84 City	· ·	FL 85 Zip Code
11. Purpuent 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 tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE				
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE POLICE CHARLES	☐ DÉLETE	1.1 TITLE	War D	hange Addition
NAME JONES, CHABLES STREET ADDRESS 1909 S UNIVERSITY BLVD #80	,	1.2 NAME	John W. Frank Cinc	le W.
1 140/05/04/18 71	<b>'</b>	1.3 STREET ADDRESS	Jacksonville, Fr 322	Ŝ
TITLE VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME OSTLER, JAN		2.2 NAME	Phesident	Total Land
STREET ADDRESS 11350 WEEDON ISLAND WAY	:	2.3 STREET ADDRESS		
IAO/OOMALE EL		2. 4 CITY-ST-ZIP		
TITLE D	☐ DELETE	3.1 TITLE		Change Addition
NAME ROBERTS, JESSE JR		3.2 NAME		
STREET ADDRESS 1522 MOUNTAIN LAKE DR W		3.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE D	☐ DELETE	4.1 TITLE		Change Addition
NAME SCHOENIG, ERIC		4. 2 NAME		
STREET ADDRESS 90 TIFRON COVE N		4.3 STREET ADDRESS		
CITY-ST-ZIP PONTE VEDRA BEACH FL		4.4 CITY - ST - ZIP		
TITLE TD	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME BIRTALAN, DEBORAH		5.2 NAME		
STREET ADDRESS 5754 JIM TOM DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY - ST - ZIP		_
TITLE SO ROSER, JOANNE	DELETE.	C 4 TITLE	C 2	Addition
	DELETE	6.1 TITLE	SD HOLLY Panners	Change Addition
NAME ROSER, JOANNE STREET ADDRESS 532 LAKE RO	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	SD Holy Peppers 8343 Princeton SQ., Apt. 1508, JACKSONVILL	Change Addition

14. Thereby 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.