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04-01-1999 90043 034 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004263

1. Corporation Name

**THE EPILEPSY FOUNDATION OF NORTHEAST FLORIDA, IN
C.**

Principal Place of Business

6028 CHESTER AVE
ROOM 106
JACKSONVILLE FL 32217

Mailing Address

6028 CHESTER AVE
ROOM 106
JACKSONVILLE FL 32217



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/30/1994

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

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

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 ~~XX~~ DELETE
NAME FRANK, JOHN W
STREET ADDRESS 1552 GREENRIDGE CIR W
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE P ~~XX~~ DELETE
NAME OSTLER, JAN
STREET ADDRESS 11350 WEEDON ISLAND WAY
CITY-ST-ZIP JACKSONVILLE FL

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

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

TITLE TD ~~XX~~ DELETE
NAME BIRTALAN, DEBORAH
STREET ADDRESS 5754 JIM TOM DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ~~XX~~ DELETE
NAME PEPPERS, HOLLY
STREET ADDRESS 8343 PRINCETON SQ, BLVD E, APT 1508
CITY-ST-ZIP JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ~~P~~
1.2 NAME Jodie L. Butler
1.3 STREET ADDRESS 10100 Baymeadows Rd. #423
1.4 CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☒ Addition

2.1 TITLE Vice-President ~~D~~
2.2 NAME Patricia Morawski
2.3 STREET ADDRESS 638 Oriskany St./apt#A
2.4 CITY-ST-ZIP Jacksonville, FL 32227 ☒ Change ☒ Addition

3.1 TITLE Treasurer ~~D~~
3.2 NAME Kenneth G. Anderson, Jr.
3.3 STREET ADDRESS 1527 Flanders Rd. #114
3.4 CITY-ST-ZIP Jacksonville, FL 32207 ☒ Change ☒ Addition

4.1 TITLE Secretary ~~D~~
4.2 NAME Holly Peppers
4.3 STREET ADDRESS 8343 Princeton Sq. Blvd., E. #1508
4.4 CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☒ Addition

5.1 TITLE Interim Executive Director
5.2 NAME Eric C. Cravey ~~D~~
5.3 STREET ADDRESS 642 Charles Pinckney Street
5.4 CITY-ST-ZIP Orange Park, FL 32073-8751 ☒ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 (904) 731-3752

Date

Daytime Phone #

11/01/99