

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90731 005 ****61.25

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1. Entity Name

THE EPILEPSY FOUNDATION OF NORTHEAST FLORIDA, INC.



Principal Place of Business

5209 SAN JOSE BV
STE 101
JACKSONVILLE FL 32207

Mailing Address

5209 SAN JOSE BV
STE 101
JACKSONVILLE FL 32207

94057346



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3295718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE NAME D TURK, DR WILLIAM ☐ Delete
STREET ADDRESS 807 NIRA STREET
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME D MALL, MR JEFF ☐ Delete
STREET ADDRESS 111 RIVERSIDE AVE., SUITE 210
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE NAME M HATFIELD, RICHARD ☐ Delete
STREET ADDRESS 3327 HALEY POINT RD.
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE NAME PD WALTER, MR JEP ☐ Delete
STREET ADDRESS 2159 AZTEC DR., W
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE NAME VPD LANCASTER, VIRGIL ☐ Delete
STREET ADDRESS 111 RIVERSIDE AVE.-STE.210
CITY-ST-ZIP JACKSONVILLE FL 32202

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Vice Pres./Director ☐ Change ☒ Addition
STREET ADDRESS Ms. Jeri Leedy
CITY-ST-ZIP 10183 Golf Club Dr.
Jacksonville, FL 32256

TITLE NAME Treasurer/Director ☐ Change ☒ Addition
STREET ADDRESS Mr. Charles Shoffner
CITY-ST-ZIP 2700 University Blvd. W.-ste A-2
Jacksonville, FL 32217

TITLE NAME Secretary/Director ☐ Change ☒ Addition
STREET ADDRESS Jan Spence
CITY-ST-ZIP 14001 Cashon Falls Ct.
Jacksonville, FL 32224

TITLE NAME Director ☐ Change ☐ Addition
STREET ADDRESS Dr. Willise Riche
CITY-ST-ZIP 580 W. 8th St. 9th Fl-Plaza 1
Jacksonville, FL 32256

TITLE NAME Immed. Past Pres ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Pres. ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Hatfield, Exec. Dir

04/14/04 (904)731-3752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

Doc 1194000004263

2004 Not-for-Profit Annual Report

Question 11-Officers & Directors

Remaining Directors:

Ms. Ruth Murr

2205 Emerson St.

Jacksonville, FL 32207

Mr. Ronald Pabian

121 Azalea Point Drive South

Ponte Vedra Beach, FL 32082

Ms. Cheryl D. Barnett

200 W. Forsyth St.

Jacksonville, FL 32202

Ms. Frances S. Butler

2950 Shady Drive

Jacksonville, 32257