

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90345 031 \*\*\*\*61.25

**60028914**



<b>DOCUMENT # N94000004263</b> 1. Entity Name <b>THE EPILEPSY FOUNDATION OF NORTHEAST FLORIDA, INC.</b>					
Principal Place of Business 5209 SAN JOSE BV STE 101 JACKSONVILLE, FL 32207			Mailing Address 5209 SAN JOSE BV STE 101 JACKSONVILLE, FL 32207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"><span>FL</span><span>Zip Code</span></div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. JONES, CHARLES DIR. 1909 UNIVERSITY BLVD. S., #802 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. TURK, WILLIAM DIR 807 NIRA STREET JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. LEEDY, JERI PRES 10183 GOLF CLUB DR JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR HATFIELD, RICHARD EXEC DI 3327 HALEY POINT RD. ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. WALTER, MR JEPP SECY 2159 AZTEC DR., W JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ms. Cheryl Barnett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1620 Margaret St.-ste. 01 Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. LANCASTER, VIRGIL I.P.P. 245 RIVERSIDE AVE.-STE.100 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/14/06 (904)731-3752		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

# ATTACHMENT

6002894

# 1194000004263

Question 11

Additions/Changes to Officers and Directors

Directors/Officers

**Mr. Charles Shoffner-D/Treas.**

2700 University Blvd.W.- Ste. A-2  
Jacksonville, FL 32217

**Ms. Frances S. Butler(D)**

2950 Shady Drive  
Jacksonville, FL 32257

**Mr. John Rice(D)**

11881 Marabou Ct. N  
Jacksonville, FL 32223

**Mr Raymond Remmer(D)**

4600 Touchton Rd-ste500  
Building 200  
Jacksonville, FL 32246

**Mr. Gregg Schott(D)**

575 Pine Forest Dr.  
Orange Park, FL 3200

**Mr. Jepp Walter(D)**

32159 Azetec Dr. W.  
Jacksonville, FL 32246