

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90004 046 ****70.00

DOCUMENT # N94000004263					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
04172007 Chg-NP CR2E037 (12/06)					
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 Karen Egozi Street Address (P.O. Box Number is Not Acceptable) 7300 N. Kendall Dr.-ste 700 City Miami FL 33156		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JONES, CHARLES DIR. 1909 UNIVERSITY BLVD. S., #802 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres./Dir Pat Dean 3100 S.W.62 Ave. Miami, FL 33155	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. TURK, WILLIAM DIR 807 NIRA STREET JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Dir A.G. Newmyer, III 2355 Marseilles Dr. Palm Beach Gardens, FL 33410	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS. LEEDY, JERI PRES 10183 GOLF CLUB DR JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secy/Dir Susan Holloway 3209 Washington Rd. W. Palm Bch, FL 33405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR HATFIELD, RICHARD EXEC DI 3327 HALEY POINT RD. ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treas/dir Len Cramer 3732 Woodfield Ct. Coconut Creek, FL 33073	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. BARNETT, MS. CHERYL 1620 MARGARET ST., STE O JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Exec. Dir. Karen Egozi 7300 N. Kendall Dr.-ste 700 Miami, FL 33156	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. LANCASTER, VIRGIL I.P.P. 245 RIVERSIDE AVE.-STE.100 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP/Dir Steven Feig 545 W. 18th St Hialeah, FL 33010	
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: <i>Karen Egozi</i>			4/30/07 305-670-4949		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

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#N94000004 263

ATTACHMENT A

Quest. 11- Additional Board members of EFNEF

**I represent change

Anthony M. Degina, Jr**

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Miami, FL 33136

Eddi-Ann R. Freeman**

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Coconut Grove, FL 33133

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Jeri Leedy

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