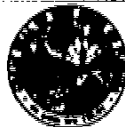


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 27 PM 3: 15

DOCUMENT # P15242 (1)

1. Corporation Name

EPILEPSY FOUNDATION OF AMERICA, INC.

Principal Place of Business

**4351 GARDEN CITY DRIVE
LANDOVER MD 20785**

Mailing Address

**4351 GARDEN CITY DRIVE
LANDOVER MD 20785**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1987

3a. Date of Last Report

03/04/1994

4. FEI Number

52-0856660

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

SANTILLI, NANCY R

**RT. 20 BLUE RIDGE HOSPITAL
CHARLOTTESVILLE VA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

NORWOOD, ANN

**1505 N. BLVD.
HOUSTON TX**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

KOENIG, PAUL M ESQ.

**1676 N. CALIFORNIA BLVD., STE 200
WALNUT CREEK CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VIC

GOLDENSOHN, ELI S.

**729 RT. 9 W
NYACK NY**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

DREIFUSS, FRITZ E.

**HOSP DR. MCKIM HALL, 2027
CHARLOTTESVILLE VA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

SONNENBERG, CHARLES H.

**111 GEERS DR
LEBANON TN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

SD

The Honorable Lee H. Rosenthal

**515 Rusk, Room 8631
Houston, TX 77002**

☒ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

VD

Diana J. Pillas

**108 W. Seminary Avenue
Lutherville, MD 21093**

☒ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Santilli, President

2/10/95

(301) 459-3700

Date

Telephone Number