

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P15242

(1)

1. Corporation Name

EPILEPSY FOUNDATION OF AMERICA, INC.



Principal Place of Business

Mailing Address

4351 GARDEN CITY DRIVE
LANDOVER MD 20785

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LANDOVER MD 20785

3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

52-0856660

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANTILLI, NANCY R-	
STREET ADDRESS	RT-20 BLUE RIDGE HOSPITAL	
CITY-ST-ZIP	CHARLOTTESVILLE VA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, LEE H	
STREET ADDRESS	515 RUSK, ROOM 8631	
CITY-ST-ZIP	HUSTON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOENING, PAUL M ESQ.	
STREET ADDRESS	1676 N. CALIFORNIA BLVD., STE 200	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PILLAS, DIANA J	
STREET ADDRESS	108 W SEMINARY AVENUE	
CITY-ST-ZIP	LUTHERVILLE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DREIFUSS, FRITZ E-	
STREET ADDRESS	HOSP DR.MCKIM HALL-2027	
CITY-ST-ZIP	CHARLOTTESVILLE VA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SONNENBERG, CHARLES H.	
STREET ADDRESS	111 GEERS DR	
CITY-ST-ZIP	LEBANON TN	

13.

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W. Edwin Dodson, MD	
1.3 STREET ADDRESS	660 S. Euclid Avenue	
1.4 CITY-ST-ZIP	St. Louis, MO 63110-1093	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Houston, TX	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jeanne A. Carpenter, Esq.	
5.3 STREET ADDRESS	1850 K St., NW, Suite 500	
5.4 CITY-ST-ZIP	Washington, DC 20006	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

W. Edwin Dodson

3/14/96

(301) 439-3700

13-27-1996