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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

4351 GARDEN CITY DRIVE
LANDOVER MD 20785

Mailing Address

4351 GARDEN CITY DRIVE
LANDOVER MD 20785-2223



3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DODSON, EDWIN W MD	
STREET ADDRESS	660 S. EUCLID AVENUE	
CITY-ST-ZIP	ST. LOUIS MO 63110-1093	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, LEE H	
STREET ADDRESS	515 RUSK, ROOM 8631	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KOENIG, 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	CARPENTER, JEANNE A ESQ.	
STREET ADDRESS	1850 K ST., NW, SUITE 500	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SONNENBERG, CHARLES H.	
STREET ADDRESS	414 GEERS DR	
CITY-ST-ZIP	LEBANON TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	O'Neil, Thomas Esq.
3.4 CITY-ST-ZIP	7101 Wisconsin Avenue Bethesda, MD 20814
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	PElect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD
6.3 STREET ADDRESS	Sonnenberg, Charles H.
6.4 CITY-ST-ZIP	5728 Jefferson Highway New Orleans, LA 70123-5113

14. I do 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 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:

Charles H. Sonnenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

(800)557-9315

CR2E037 (9/96)