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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15242** (1)

1. Corporation Name

EPILEPSY FOUNDATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

**4351 GARDEN CITY DRIVE
LANDOVER MD 20785**

**4351 GARDEN CITY DRIVE
LANDOVER MD 20785**

3. Date Incorporated or Qualified

06/30/1987

4. FEI Number

52-0856660

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DODSON, EDWIN W MD	
STREET ADDRESS	860 S. EUCLID AVENUE	
CITY-ST-ZIP	ST. LOUIS MO 63110-1093	

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Darold Hunt	
1.3 STREET ADDRESS	305 Allison Street, NW	
1.4 CITY-ST-ZIP	Washington, DC 20011	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSENTHAL, LEE H	
STREET ADDRESS	515 RUSK, ROOM 8631	
CITY-ST-ZIP	HOUSTON TX	

2.1 TITLE	Secretary- D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linda Warner	
2.3 STREET ADDRESS	2020 Summit Avenue	
2.4 CITY-ST-ZIP	St. Paul, MN 55105-1460	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'NEIL, THOMAS ESQ	
STREET ADDRESS	7101 WISCONSIN AVE	
CITY-ST-ZIP	BETHESDA MD	

3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PILLAS, DIANA J	
STREET ADDRESS	108 W SEMINARY AVENUE	
CITY-ST-ZIP	LUTHERVILLE MD	

4.1 TITLE	Sr. Vice President-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lisa Lindahl	
4.3 STREET ADDRESS	112 Clay Point Road	
4.4 CITY-ST-ZIP	Colchester, VT 05446	

TITLE	PE	<input type="checkbox"/> DELETE
NAME	CARPENTER, JEANNE A ESQ.	
STREET ADDRESS	1850 K ST., NW, SUITE 500	
CITY-ST-ZIP	WASHINGTON DC	

5.1 TITLE	President-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600 Thirteenth St. NW, 9th Floor	
5.3 STREET ADDRESS	Washington, DC 20005-3096	
5.4 CITY-ST-ZIP	Jeanne Carpenter, Esq.	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SONNENBERG, CHARLES H.	
STREET ADDRESS	5728 JEFFERSON HIGHWAY	
CITY-ST-ZIP	NEW ORLEANS LA	

6.1 TITLE	Treasurer-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	B. Gaines Matthews	
6.3 STREET ADDRESS	6603 Texas Commerce Tower	
6.4 CITY-ST-ZIP	Houston, TX 77002-3007	

14. I 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: *[Signature]* 4/15/98 201-27-0157

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