

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710174

Entity Name: THE EPILEPSY ASSOCIATION OF CENTRAL FLORIDA, INC**Current Principal Place of Business:**109 NORTH KIRKMAN ROAD
ORLANDO, FL 32811**Current Mailing Address:**109 NORTH KIRKMAN ROAD
ORLANDO, FL 32811 US**FEI Number:** 23-7247844**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARMEN, CHARLES F
109 NORTH KIRKMAN ROAD
ORLANDO, FL 32811 US*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.***SIGNATURE:** CHARLES F CARMEN

01/24/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BITINCKA, ARDIT
Address 8997 LEE VIST BLVD.
 APT. 2010
City-State-Zip: ORLANDO FL 32829

Title DIRECTOR
Name THALWITZER, AARON ESQ.
Address GORDON & THALWITZER
 257 N. ORLANDO AVE
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR
Name GEORGE, NAHAS
Address GEORGE NAHAS CHEVROLET
 4135 EAST S.R. 44
City-State-Zip: WILDWOOD FL 34785

Title DIR
Name RILEY, KRAN
Address WAYNE DENSCH CHARITIES
 1603 E. MARKS ST.
City-State-Zip: ORLANDO FL 32803

Title DIR.
Name DENIUS, WILLIAM ESQ
Address KILLGORE PEARLMAN SEMANIE
 DENIUS SQUIRES, P.A.
 800 N. MAGNOLIA AVE. SUITE 1500
City-State-Zip: ORLANDO FL 32803

Title TREASURER
Name FELDER-SMITH, JENNIFER
Address 2013 CORENA DRIVE
City-State-Zip: ORLANDO FL 32810

Title TREASURER
Name SALVAGE, COLLEEN
Address AD DESIGN
 209 HARVOUR GARDENS COURT
City-State-Zip: ORLANDO FL 32806

Title DIR
Name SADEK, AHMED MD
Address ORLANDO EPILEPSY CENTER
 2881 DELANY AVE. SUITE A
City-State-Zip: ORLANDO FL 32806

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARDIT BITINCKA

PRESIDENT

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ISOLA, BOBBY
Address JLL
250 S. ORANGE AVE. SUITE 700
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name DEVINE, REBECCA RN
Address 2780 NORWAY MAPLE CT.
City-State-Zip: OCOEE FL 34761

Title VP
Name FITZGERALD, SEAN F
Address 105 E. ROBINSON ST.
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name WEDERBRAND, ERIC
Address 1535 CASTILE ST.
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR
Name DAY, JEFF
Address 1820 LAKESHORE CIRCLE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name CROSSLEY, DALE
Address CROSSLEY-SHEAR WEALTH
MANAGEMENT
2395 N. COURTNEY PARKWAY SUITE
201
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR
Name WEBSTER, DIANA H
Address BDS RISK MANAGEMENT BNY
MELLON
11486 CORPORATE BLVD.
City-State-Zip: ORLANDO FL 32817