2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2024
Secretary of State
2206392877CC

DOCUMENT# 726327

Entity Name: EPILEPSY SERVICES FOUNDATION, INC.

Current Principal Place of Business:

4628 N. ARMENIA AVE.
TAMPA, FL 33603-2706

Current Mailing Address:

4628 N. ARMENIA AVE.
TAMPA, FL 33603-2706 US

FEI Number: 59-1680892

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MICHAEL, KATHLEEN MARIE
12917 N OREGON AVE
TAMPA, FL 33612 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: KATHLEEN M MICHAEL 01/31/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BARRY, SCOTT
Address	4624 NORTH ARMENIA AVENUE
City-State-Zip:	TAMPA FL 33603

Title	DIRECTOR
Name	MIANO, MARCELO
Address	777 N ASHLEY DRIVE 2507
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR, VP
Name	SCOTT, MONIQUE
Address	5316 SAGECREST DR
City-State-Zip:	LITHIA FL 33547

Title	EXECUTIVE DIRECTOR
Name	MICHAEL, KATHLEEN M
Address	12917 N OREGON AVE
City-State-Zip:	TAMPA FL 33612

Title	DIRECTOR
Name	ENGLUND, GARY
Address	14925 LAKE FOREST DRIVE
City-State-Zip:	LUTZ FL 33559

Title	DIRECTOR, PRESIDENT
Name	BOGGESS, KAREN
Address	742 WELLINGTON COURT
City-State-Zip:	OLDSMAR FL 34677

Title	DIRECTOR, SECRETARY
Name	FERRO, CRISTINA
Address	4628 N ARMENIA AVE
City-State-Zip:	TAMPA FL 33603

Title	DIRECTOR
Name	FRITCH, KRISTIN
Address	3005 WEST FAIR OAKS AVE
City-State-Zip:	TAMPA FL 33611

Continues on page 2

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: KATHLEEN MICHAEL EXECUTIVE DIRECTOR 01/31/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CARREON-SESSA, MARIA
Address	4017 ARROYO LN
City-State-Zip:	TAMPA FL 33624

Title	DIRECTOR
Name	KING, PERCY
Address	4628 N. ARMENIA AVE.
City-State-Zip:	TAMPA FL 33603-2706

Title	DIRECTOR
Name	YOUNG, RYAN
Address	4628 N AREMENIA AVE
City-State-Zip:	TAMPA FL 33603

Title	DIRECTOR, TREASURER
Name	HOLDING, WARREN
Address	2208 LONE PALM DRIVE
City-State-Zip:	WIMAUMA FL 33598

Title	DIRECTOR
Name	WILLIAMS, CHRISTOPHER
Address	4628 N ARMENIA AVE
City-State-Zip:	TAMPA FL 33603