

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000002776

Entity Name: JOSHPROVIDES EPILEPSY ASSISTANCE FOUNDATION, INC.**Current Principal Place of Business:**5428 SUNDEW DRIVE
SARASOTA, FL 34238**Current Mailing Address:**5428 SUNDEW DRIVE
SARASOTA, FL 34238 US**FEI Number:** 46-2322505**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BILAN, ANDRIA
20 GOLF VIEW DRIVE
ENGLEWOOD, FL 34223 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:** ANDRIA BILAN

01/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HARSHMAN, RUTH
Address 16105 FOREMAST PLACE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name ROSE, ALFRED
Address 1111 RITZ-CARLTON DRIVE
APT 1206
City-State-Zip: SARASOTA FL 34236

Title PAST BOARD CHAIR
Name VIGNE, DAN
Address 1929 BOUGAINVILLEA STREET
City-State-Zip: SARASOTA FL 34239

Title CEO
Name BILAN, ANDRIA
Address 20 GOLF VIEW DRIVE
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR, SECRETARY
Name CHAPNICK, SANDRA
Address 5428 SUNDEW DRIVE
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR, CHAIRMAN
Name SCHARF, EDWARD
Address 22 GAREY DRIVE
City-State-Zip: CHAPPAQUA NY 10514

Title DIRECTOR
Name SMULLEN, TRACI
Address 16427 DAYSAILOR TRAIL
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TREASURER
Name MILLER, MURRAY
Address 8020 BOWSPIRIT WAY
City-State-Zip: LAKEWOOD RANCH FL 34202

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: ANDRIA BILAN

CEO

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CURATOLO, THOMAS
Address 8068 GRANDE SHORES DRIVE
City-State-Zip: SARASOTA FL 34202

Title DIRECTOR
Name LEWANDOWSKI, TERESA
Address 3729 TORREY PINES BOULEVARD
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name SMITH, KATE ESQ.
Address 3400 S. TAMIAMI TRAIL
STE 101
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR
Name MCCLAUGHERTY, VERA
Address 4226 PRAIRIE VIEW DRIVE S
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name JONES, VANESSA
Address 4412 W. BAY TO BAY BOULEVARD
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name ROBBINS, FREYA
Address 4088 REDBIRD CIRCLE SOUTH
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name SIGNOR, MELISSA
Address 529 77TH STREET
City-State-Zip: HOLMES BEACH FL 34217

Title DIRECTOR
Name LOUNDY, MARC DR.
Address 7734 HEATHFIELD COURT
City-State-Zip: UNIVERSITY PARK FL 34201