

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000002239

Entity Name: AMERICAN EPILEPSY NURSES ASSOCIATION, INC.**Current Principal Place of Business:**2128 VENETIAN WAY
WINTER PARK, FL 32789**Current Mailing Address:**2128 VENETIAN WAY
WINTER PARK, FL 32789 US**FEI Number:** 81-1288823**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TALL, MICHELLE K PHD
2128 VENETIAN WAY
WINTER PARK, FL 32789 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:** MICHELLE K TALL

01/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO, PRESIDENT
Name	TALL, MICHELLE K PHD
Address	540 EAST HORATIO AVENUE SUITE 301 B
City-State-Zip:	MAITLAND FL 32751
Title	D/S
Name	JOHNSON, SAMANTHA K
Address	2439 BREEZY MEADOW ROAD
City-State-Zip:	APOPKA FL 32765

Title	D/V/P
Name	BURKE, MARJORIE
Address	3450 BUFFAM PLACE
City-State-Zip:	CASSELBERRY FL 32707
Title	D/T
Name	A, THERESA
Address	2431 ALOMA AVENUE SUITE 241
City-State-Zip:	WINTER PARK FL 32792

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: MICHELLE KAMIKO TALL

CEO

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date