

**2021 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:** No

**Name and Address of Current Registered Agent:**

TALL, MICHELLE K  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name TALL, MICHELLE K  
Address 2431 ALOMA AVENUE SUITE 241  
City-State-Zip: WINTER PARK FL 32792  
  
Title D/S  
Name JOHNSON, SAMANTHA K  
Address 777 NORTH ORANGE AVENUE, APT  
#537  
City-State-Zip: ORLANDO FL 32801

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 K. TALL

**FOUNDER AND  
PRESIDENT**

**01/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date