

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002698

Entity Name: EPILEPSY FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

3540 CRAIN HWY STE 675 PMB 675
SUITE 675
BOWIE, MD 20716

Current Mailing Address:

1395 PICCARD DR STE 180
SUITE 180
ROCKVILLE, MD 20850 US

FEI Number: 52-0856660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT, LLC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 PRESIDENT
Name PARENT, JEFFREY
Address 3540 CRAIN HWY STE 675 PMB 675
 SUITE 675
City-State-Zip: BOWIE MD 20716

Title VP
Name GENOSI WATSON, COURTNEY
Address 3540 CRAIN HWY STE 675 PMB 675
 SUITE 675
City-State-Zip: BOWIE MD 20716

Title SECRETARY
Name THEEUWES, MARK
Address 3540 CRAIN HWY STE 675 PMB 675
 SUITE 675
City-State-Zip: BOWIE MD 20716

Title DIRECTOR
Name BARTON, COURTNEY INGRAFFIA
Address 3540 CRAIN HWY STE 675 PMB 675
 SUITE 675
City-State-Zip: BOWIE MD 20716

Title DIRECTOR
Name BEAUDOIN, JERILEE
Address 3540 CRAIN HWY STE 675 PMB 675
 SUITE 675
City-State-Zip: BOWIE MD 20716

Title DIRECTOR
Name ROSNER, RAHEL
Address 3540 CRAIN HWY STE 675 PMB 675
 SUITE 675
City-State-Zip: BOWIE MD 20716

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: JEFFREY PARENT

PRESIDENT

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date