


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700308 (0)**

1. Corporation Name  
**THE FLORIDA EASTER SEAL SOCIETY, INC.**



Principal Place of Business <b>1010 EXECUTIVE CENTER DR STE 231 ORLANDO FL 32803</b>	Mailing Address <b>1010 EXECUTIVE CENTER DR STE 231 ORLANDO FL 32803</b>
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3. Date Incorporated or Qualified  
**01/05/1960**

4. FEI Number  
**59-0637848**

Applied For	
Not Applicable	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 21 <b>1040 WOODCOCK RD</b>	2a. Mailing Address 26 <b>1040 WOODCOCK RD.</b>
Suite, Apt. #, etc. 22 <b>SUITE 215</b>	Suite, Apt. #, etc. 27 <b>SUITE 215</b>
City & State 23 <b>ORLANDO FL</b>	City & State 28 <b>ORLANDO FL</b>
Zip 24 <b>32803</b>	Country 25 <b>ORANGE</b>
Country 25 <b>ORANGE</b>	Zip 29 <b>32803</b>
Country 29 <b>ORANGE</b>	Zip 30 <b>ORANGE</b>

9. Name and Address of Current Registered Agent

**GRIGGS, ROBERT J.  
1010 EXECUTIVE CENTER DR  
SUITE 231  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name <b>GRIGGS, ROBERT J.</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>1040 WOODCOCK RD.</b>
83 <b>SUITE 215</b>
84 City <b>ORLANDO</b>
85 Zip Code <b>FL 32803</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert J. Griggs* **ROBERT J. GRIGGS PRESIDENT 3-16-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOSEPH G. KERN</b>	
STREET ADDRESS	<b>215 NORTH EOLA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROCK, JOANNE</b>	
STREET ADDRESS	<b>502 S WILLOW #4</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>REZZONICO, ANN MARIE</b>	
STREET ADDRESS	<b>1903 S CONGRESS AVE., #470</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIGGS, ROBERT J</b>	
STREET ADDRESS	<b>1000 W. 11TH AVENUE</b>	
CITY-ST-ZIP	<b>MT. DORA FL</b>	
TITLE	<b>FVCD</b>	<input type="checkbox"/> DELETE
NAME	<b>KNEEN, JEFFREY</b>	
STREET ADDRESS	<b>1400 CENTREPARK BLVD., #1000</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> DELETE
NAME	<b>PEACOCK, DAN T</b>	
STREET ADDRESS	<b>1715 N WESTSHORE BLVD., #900</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1903 S. Congress Ave., # 180</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>1040 WOODCOCK RD., SUITE 215</b>
4.4 CITY-ST-ZIP	<b>ORLANDO FL 32803</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Griggs* **ROBERT J. GRIGGS 3-16-98 407/896-7881**

CR2E037 (10/97)