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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700308
 1. Corporation Name
EASTER SEALS FLORIDA, INC.

Principal Place of Business 1040 WOODCOCK RD SUITE 215 ORLANDO FL 32803 US	Mailing Address 1040 WOODCOCK RD SUITE 215 ORLANDO FL 32803 US
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306698-90047-42



21 Principal Place of Business	26 Mailing Address	3. Date Incorporated or Qualified 01/05/1960
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-0637848
23 City & State	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent KERN, JOSEPH G ESQ. LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 NORTH EOLA DRIVE ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME JOSEPH G. KERN	1.1 TITLE TREASURER TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 215 NORTH EOLA DRIVE	CITY-ST-ZIP ORLANDO FL	1.2 NAME	
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE SECOND VICE CHAIR VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME ROCK, JOANNE	2.2 NAME	
STREET ADDRESS 502 S WILLOW #4	CITY-ST-ZIP TAMPA FL	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	3.1 TITLE PAST CHAIRMAN	3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD	NAME REZZONICO, ANN MARIE	3.3 STREET ADDRESS	
STREET ADDRESS 1903 S CONGRESS AVE SUITE 180	CITY-ST-ZIP BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP	5.1 TITLE CHAIRMAN CD	5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME GRIGGS, ROBERT J	5.3 STREET ADDRESS	
STREET ADDRESS 1040 WOODCOCK RD SUITE 215	CITY-ST-ZIP ORLANDO FL 32803	5.4 CITY-ST-ZIP	
6.1 TITLE FVCD	NAME KNEEN, JEFFREY	6.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1400 CENTREPARK BLVD., #1000	CITY-ST-ZIP WEST PALM BEACH FL	6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	TITLE VCD	NAME PEACOCK, DAN T	
STREET ADDRESS 1715 N WESTSHORE BLVD., #900	CITY-ST-ZIP TAMPA FL		

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **3/10/99** DAYTIME PHONE: **407-896-7881**

CR2E037 (1/98)