


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 708739 (8)</b>					
1. Corporation Name <b>EASTER SEAL SOCIETY OF SOUTHWEST FLORIDA, INC.</b>					
Principal Place of Business 350 BRADEN AVE. SARASOTA FL 34243			Mailing Address 350 BRADEN AVE. SARASOTA FL 34243		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1965	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0638490	
22 City & State		27 City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 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 CELORE, DENNIS J. MR. 1367 GEORGETOWNE CIR. SARASOTA FL 34232			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		
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 <i>[Signature]</i> DATE 1-22-98					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
VD ARMITAGE, CHARLES W 555 SOUTH GULFSTREAM AVENUE, #901 SARASOTA FL			VD SANDRA HOLLEY 5363 COLONIAL OAKS BLVD SARASOTA, FL 34232		
<input checked="" type="checkbox"/> DELETE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE			2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
CD SEERY, MICHAEL W 2150 E. LEEWYNN DR. SARASOTA FL			John M. Smithman 7678 Cove Ter. SARASOTA, FL 34232		
<input checked="" type="checkbox"/> DELETE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE			3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
VD HARRISON, NANCY C 1777 MAIN STREET SATASOTA FL 34230			CD		
<input type="checkbox"/> DELETE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
SD WILLIAMSON, J.M. 4507 27TH AVENUE, WEST BRADENTON FL					
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TD SCOTT, NEIL P.O. BOX 267 N/A SARASOTA FL			TD Joseph L. Najmy 1205 Manatee Ave W BRADENTON, FL 34206		
<input checked="" type="checkbox"/> DELETE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
P CELORE, DENNIS J. MR. 1367 GEORGETOWNE CIR. SARASOTA FL					
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> DATE 1-22-98 (941) 355-7637					



CR2E037 (10/97)