

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 719104 (2)**  
1. Corporation Name  
**LEON F. STEWART - HAL S. MARCHMAN CENTER, INC.**



Principal Place of Business: 3875 TIGER BAY ROAD, DAYTONA BCH FL 32124, US  
Mailing Address: 3875 TIGER BAY RD, DAYTONA BCH FL 32124, US

3. Date Incorporated or Qualified: 03/06/1970  
4. FEI Number: 59-1295986  
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 N/A

2. Principal Place of Business (21-23) and Mailing Address (2a-25) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CANTLEY, ERNEST D, 3875 TIGER BAY RD, DAYTONA BEACH FL 32174

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: *Ernest D Cantley* DATE: 1-28-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGER, JAMES E	
STREET ADDRESS	935 SYCAMORE ST	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATTICK, WILLIAM E.	
STREET ADDRESS	1308 PEACHTREE DR.	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SERBOUSEK, TED	
STREET ADDRESS	P.O. BOX 751 N/A	
CITY-ST-ZIP	DAYTONA EBACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYNN, EVELYN	
STREET ADDRESS	824 PENINSULA DR.	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEIGHLE, J.W.	
STREET ADDRESS	6327 PLAMES BAY CIR.	
CITY-ST-ZIP	FT. ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGRATH, BARBARA	
STREET ADDRESS	275 RIVERSIDE DR	
CITY-ST-ZIP	ORMOND EBACH FL	

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	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: *[Signature]* DATE: 1-28-98 904-947-1449

CR2E037 (1097)