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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

DOCUMENT # 719104

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

147675-90120-13 5



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/06/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1295986	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, Pres/CEO DATE 2-5-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGER, JAMES E	1.2 NAME	
STREET ADDRESS	935 SYCAMORE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTICK, WILLIAM E.	2.2 NAME	
STREET ADDRESS	1308 PEACHTREE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERBOUSEK, TED	3.2 NAME	
STREET ADDRESS	P.O. BOX 751 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA EBACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, EVELYN	4.2 NAME	
STREET ADDRESS	824 PENINSULA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIGHLE, J.W.	5.2 NAME	
STREET ADDRESS	6327 PLAMES BAY CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. ORANGE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	BOARD Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, BARBARA	6.2 NAME	
STREET ADDRESS	275 RIVERSIDE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND EBACH FL	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, with all other like empowered.

SIGNATURE: Barbara McGrath **BARBARA McGrath** DATE 2-5-99 **904-947-1449**

CR2E037 (11/98)