


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90140 002 ****70.00

DOCUMENT # 719104

1. Entity Name
LEON F. STEWART - HAL S. MARCHMAN CENTER, INC.



Principal Place of Business Mailing Address

3875 TIGER BAY ROAD **3875 TIGER BAY RD**
DAYTONA BCH FL 32124 **DAYTONA BCH FL 32124**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1295986** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CANTLEY, ERNEST D
3875 TIGER BAY RD
DAYTONA BEACH FL 32174

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ernest D. Cantley* **Ernest D. Cantley, Pres/CEO** **3-18-03**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BURT, ANN	
STREET ADDRESS	900 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	P	<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	KINDER, JOAN	
STREET ADDRESS	1517 N HOLIFAX DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEIGHLE, J.W.	
STREET ADDRESS	6327 PLAMES BAY CIR.	
CITY-ST-ZIP	FT. ORANGE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGRATH, BARBARA	
STREET ADDRESS	275 RIVERSIDE DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GORNT0, SHARON	
STREET ADDRESS	1403 OAK FOREST DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myra Middleton	
STREET ADDRESS	27 Moantauk Lane	
CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Myra Middleton* **MYRA MIDDLETON** **3-5-03** **386-947-1300**

CR2E037 (10/02)