FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N95000002948 (6)

HAPPINESS HOUSE EASTER SEAL FOUNDATION, INC.							
Principal Place of Business			Mailing Address	Mailing Address		i in hishi nin inini dilili ohti data	BARR BEIN GOND HELD JOHN DIESH JOHN HOND
,			350 Braden Avenue Sarasota FL 34243-2001	• • • • • • • • • • • • • • • • • • • •			
						3. Date Incorporated or Qualified 06/21/1995	3a. Date of Last Report 02/21/1996
<u> </u>	-, `			ng Address		4. FEI Number 65-0611186	Applied For
Suite, Apt. #, etc.			Suite Ant # etc	Suite, Apt. #, etc.		65-0011100	Not Applicable
22			27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	y & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23			28			Trust Fund Contribution	Added to Fees
Zip	D	Country Zip				8. This corporation has liability for i	
24	25 29 30 9. Name and Address of Current Registered Agent			30	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
<u> </u>		9, Name and Address of Cui	tent Hedisteled Want	81	Name	TO. Name and Address of New Me	Sistered Agent
_ ا	CEI ADIE	: DENNIG I			<u> </u>		
CELORIE, DENNIS J 350 BRADEN AVENUE				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)
_		TA FL 34243		83			
`				84	City		85 Zip Code
		•		54	City		FL 85 Zip Code
11. Pu	ursuant to	the provisions of Sections 617.0	0502 and 617.1508. Florida Statute	s, the above	e-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered
aç	gent. I ar	n familiar with, and accept the ob	oligations of, Section 617.0503, Flor	rida Statutes	ine corpora s.	alion's board of directors. Thereby accept	t the appointment as registered
SIGNA	ATURE _						
12.		Signature, typed or printed name of registered	agent and title if applicable. (NOTE AND DIRECTORS	: Registered Age	nt signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CLOSE IN 12
T TLE		PD	DELETE	1.1 TITLE		ADDITIONS/OFFAINGES TO OFFICE	Change Addition
NAME				1.2 NAME			
	STREET ADDRESS 630 MAGELLAN DR			1.3 STREET ADDRESS			
1	Y-ST-ZIP SARASOTA FL 34243			14 CITY-ST-ZIP			
T TLE		VD	☐ DELETE	2.1 TITLE			Change Addition
NAME	ME KINNAN, MARGE			2.2 NAME			
STREET A	ADDRESS	5903 RIVERVIEW BLVD		2.3 STREET	ADDRESS		
CITY - ST	T-ZIP	BRADENTON FL 34209		2. 4 CITY - ST - ZIP			
TITLE			☐ DELETE	3.1 TITLE			Change Addition
NAME	(***	3.2 NAME			
1	STREET ADDRESS 555 S GULFSTREAM AVE. #901 CITY-ST-ZIP SARASOTA FL 34236		. #901	3.3 STREET ADDRESS			
TITLE			DELETE	3.4. CITY - ST - ZIP 4.1 TITLE			Change Addition
	FOGARTY, EUGENE		4.1 MEE			Change C Addition	
NAME	TREET ADDRESS 1201 6TH AVE W			4.3 STREET ADDRESS			
1	ITY-SI-ZIP BRADENTON FL 34205			4.3 STREET ADDRESS			
TITLE			5.1 TITLE			Change Addition	
N AME	1		—	5.2 NAME			0.1 00
i	ADDRESS			5.3 STREET	ADDRESS		(X) 7/11
(ITY-ST	T-ZIP			5.4 CITY - S			C - 41
TITLE			DELETE	6.1 TITLE		90000209	Shange Addition
NAME				6.2 NAME		90000209 -02/18/970111	2020
STREET A	ADDRESS			6.3 STREET	ADDRESS	***140.00	

*** 148.00

14. I do 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.

Dennis J. Celorie

1/29/97

(941)355-7637

FILED

Feb 17 1997 8:00am

Secretary of State