FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000002948 (6)

HAPPINESS HOUSE EASTER SEAL FOUNDATION, INC.																			
Principal Place of Business Mailing Address												7	i inglisti dik ikini u	inel maria mara	SENI EBIN S		1 3815F W	(PB) (B)) ([FUI
350 BRADEN AVENUE 350 BRADEN AVENUE SARASOTA FL 34243 SARASOTA FL 34243												3. Date Incorporated or Qualified 06/21/1995 4. FEI Number Applied For							
												"	65-0611186			F		t Applic	
2. Principal P	-	2a. Mailing Address 26							5.	5. Certificate of Status Desired \$8.75 Additional Fee Required									
Suite, Apt.	2	Suite, Apt. #, etc.							. 6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees									
City & State					City & State						7. is this nonprofit corporation a homeowners association?								
Zip 24	Country 25				Zip C				Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No							
Name and Address of Current Registered Agent												10.	Name and Address	of New R	egistered	Agent			
									81	1	Name								
CELORIE, DENNIS J									82 Street Add			ress (F	P.O. Box Number is N	ot Accepta	ible)			<u> </u>	
350 BRADEN AVENUE										83									
SARASOTA FL 34243																			
									84	7	City				FL	85	Zip C	ode:	
11. Pursuant office or ragent. Fa	ons o ent, o th, an	f Sections 617.05 r both, in the Sta d accept the obli	502 an te of F igation	d 617 lorida is of, S	.1508, Flori Such char Section 617	ida Statute nge was a '.0503, Flo	above ed by	e-n y th s.	ne corpora	oratio tion's t	n submits this statem coard of directors. I h	ent for the ereby acce	purpose o	f chang jointme	jing its nt as i	s registe register	red ed		
SIGNATURE	SIGNATURE /														DATE				
Signature, typed or printed name of registure of Aperture the Lapplicable, (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.											alignature redu		ADDITIONS/CHANGE	S TO OFFI		DIBE	TOR	S IN 12	— ⊣ [
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CITY-ST-ZIP	BRADEN	TON	FL 34205					4.4 (ity-s	37 - Z	IIP								

14. Thereby certify that the information supplied with this filling 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 office 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?

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Celorie, Dennis J.

Sarasota, FL 34243

350 Braden Ave

DELETE

DELETE

Change

Change

___ Addition

FILED

Feb 06 1998 8:00am

Secretary of State