NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N95000002948

1. Corporation Name

HAPPINESS HOUSE EASTER SEAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

350 BRADEN AVENUE SARASOTA FL 34243 350 BRADEN AVENUE SARASOTA FL 34243

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90091 041 ****70.00

2. Principal Place of Business 2. Mailing Address 2. Determination 2. Determinati											•			
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City & State												Ap	plied For	
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						1			•			•		
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SARASOTA FL 34243 11. Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 policystomy of Season 617.0503, Florida Statutes. Policy Policy							Street A	aaress (F	O. BOX NUMBER IS P	iot Acceptau	16)			
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 depointment as registered agent is many accept the depointment as registered agent. I am family within, and accept the depointment as registered agent. I am family within an accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered agent. I am family within accept the depointment as registered acc					83									
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4. 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: SIGNATURE AND TYPED OF PRINTED NAME OF STONING OFFICER OF DIRECTOR

1-6-99

(941) 355-7637

Daytime Phone #

CR2E037 (11/9