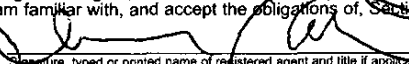


FILE NOW: FILING FEE IS \$61.25

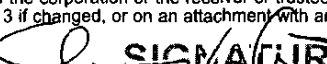
FILED
Feb 22, 1999 8:00 am
Secretary of State

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

0068369

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002948					
1. Corporation Name HAPPINESS HOUSE EASTER SEAL FOUNDATION, INC.					
Principal Place of Business 350 BRADEN AVENUE SARASOTA FL 34243			Mailing Address 350 BRADEN AVENUE SARASOTA FL 34243		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/21/1995 4. FEI Number 65-0611186 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent CELORIE, DENNIS J 350 BRADEN AVENUE SARASOTA FL 34243			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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  Dennis J. Celorie 1-6-99 (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD ☒ DELETE NAME JUDGE, VIRGINIA M STREET ADDRESS 630 MAGELLAN DR CITY-ST-ZIP SARASOTA FL 34243			1.1 TITLE PD ☐ Change ☒ Addition 1.2 NAME Serry, Michael W. 1.3 STREET ADDRESS 11701 Creek Shed Place 1.4 CITY-ST-ZIP Sarasota, FL 34240		
TITLE VD ☒ DELETE NAME KINNAN, MARGE STREET ADDRESS 5903 RIVERVIEW BLVD CITY-ST-ZIP BRADENTON FL 34209			2.1 TITLE VD ☐ Change ☒ Addition 2.2 NAME Malkin, Cynthia 2.3 STREET ADDRESS 4089 Roberts Point Rd 2.4 CITY-ST-ZIP Sarasota, FL 34242		
TITLE SD ☒ DELETE NAME ARMITAGE, CHARLES STREET ADDRESS 555 S GULFSTREAM AVE. #901 CITY-ST-ZIP SARASOTA FL 34236			3.1 TITLE SD ☐ Change ☒ Addition 3.2 NAME Kinnan, Marge 3.3 STREET ADDRESS 5903 Riverview Blvd W 3.4 CITY-ST-ZIP Bradenton, FL 34209		
TITLE TD ☒ DELETE NAME FOGARTY, EUGENE STREET ADDRESS 1201 6TH AVE W CITY-ST-ZIP BRADENTON FL 34205			4.1 TITLE TD ☐ Change ☒ Addition 4.2 NAME Mitchell, Thomas P. 4.3 STREET ADDRESS 1819 Main St 4.4 CITY-ST-ZIP Sarasota, FL 34236		
TITLE P ☐ DELETE NAME CELORIE, DENNIS J. STREET ADDRESS 350 BRADEN AVE. CITY-ST-ZIP SARASOTA FL 34243			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 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:  **SIGNATURE** **Dennis J. Celorie**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 **(941) 355-7637**
 Date Daytime Phone #

CR2E037 (11/98)