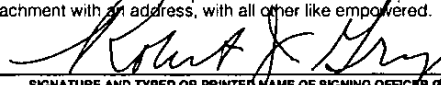


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90077 031 ****61.25

DOCUMENT # 700308 1. Entity Name EASTER SEALS FLORIDA, INC.					
Principal Place of Business 2010 MIZELL AVE WINTER PARK, FL 32792 US			Mailing Address 2010 MIZELL AVE WINTER PARK, FL 32792 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0637848	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KERN, JOSEPH G ESQ. DARDEN RESTAURANTS, INC 5900 LAKE ELLENOR DR ORLANDO, FL 32809				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VCBD ☐ Delete		TITLE	Chair man of the Board ☒ Change ☐ Addition	
NAME	JOSEPH G. KERN		NAME		
STREET ADDRESS	5900 LAKE ELLENOR DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	CBD ☒ Delete		TITLE	Secretary of the Board ☐ Change ☒ Addition	
NAME	ROCK, JOANNE		NAME		
STREET ADDRESS	502 S WILLOW #4		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	2VCB ☐ Delete		TITLE	Vice Chair of the Board ☒ Change ☐ Addition	
NAME	STOREY, PHILIP		NAME	Vicki Kneen	
STREET ADDRESS	37 N ORANGE AVE, #200		STREET ADDRESS	126 Linda Lane	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Palm Beach Shores, FL 33404	
TITLE	P ☐ Delete		TITLE		
NAME	GRIGGS, ROBERT J		NAME		
STREET ADDRESS	2010 MIZELL AVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	SBD ☐ Delete		TITLE	Treasurer of the Board ☒ Change ☐ Addition	
NAME	ROBERTS, MARY BETH		NAME		
STREET ADDRESS	3439 CAPRI RD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	TBD ☐ Delete		TITLE	2nd Vice Chair of the Board ☒ Change ☐ Addition	
NAME	BARKDULL, JAYNE REGESTER		NAME		
STREET ADDRESS	1400 CENTREPARK BLVD STE 1000		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		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: 			1-21-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		