FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708867 (7)

1. Corporation Name
EASTER SEAL SOCIETY OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
910 MYERS PARK DR TALLAHASSEE FL 32301	910 MYERS PARK DR TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1965
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-0812644 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REAM, GERALD LEE
3921 WOOD GREEN WAY
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
100001525021
-06/27/95--01119--005
83 *****61.25 *****61.25
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	CE	1.1 TITLE	Chairman	☑ Change ☐ Addition
NAME	MCCUE, PATRICK	1.2 NAME	Michael Mendez D	
STREET ADDRESS	RT. 4 BOX 4389	1.3 STREET ADDRESS	8901 Winged Foot Drive	
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	TD	2.1 TITLE	Chairman-Elect	☑ Change ☐ Addition
NAME	MENDEZ, MICHAEL	2.2 NAME	Juanita P. Moore D	
STREET ADDRESS	8901 WINGED FOOT DRIVE	2.3 STREET ADDRESS	605 Suwannee St. Mail Stat. #55	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	CD	3.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	BOYD, EVERETT	3.2 NAME	Dan Murphy D	
STREET ADDRESS	305 S. GADSDEN STREET	3.3 STREET ADDRESS	8047 Jordan Court	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	S	4.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	MOORE, JUANITA	4.2 NAME	Joe Guadino D	
STREET ADDRESS	605 SWWANNE STREET	4.3 STREET ADDRESS	8953 Winged Foot Drive	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

6/23/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Gerald L. Ream, President 1/17/95 222-4465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000682