

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



3. Date Incorporated or Qualified
04/29/1965

3a. Date of Last Report
06/23/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REAM, GERALD LEE
3921 WOOD GREEN WAY
TALLAHASSEE FL 32308**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 **Gerald Lee Ream**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MENDEZ, MICHAEL	
STREET ADDRESS	8901 WINGED FOOT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	CED	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, JUANITA	
STREET ADDRESS	605 SUWANNEE ST. MAIL STAT #55	
CITY-ST-ZIP	TALLAHASSEE FL 32399	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, DAN	
STREET ADDRESS	8047 JORDAN COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GUADINO, JOE	
STREET ADDRESS	8953 WINGED FOOT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOORE, JUANITA P.	
1.3 STREET ADDRESS	605 SUWANNE ST. MAIL STATION #55	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32399	
2.1 TITLE	CED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOYD, C. EVERETT, JR.	
2.3 STREET ADDRESS	305 S. Gadsden St.	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MURPHY, DAN	
3.3 STREET ADDRESS	8047 JORDAN COURT	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RILEY, ERIC	
4.3 STREET ADDRESS	2814 BOFANY PLACE	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)