


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 910 MYERS PARK DR TALLAHASSEE FL 32301	Mailing Address 910 MYERS PARK DR TALLAHASSEE FL 32301
--	--

3. Date Incorporated or Qualified 04/29/1965
4. FEI Number 59-0812644
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 Christine Hall	
82 Street Address (P.O. Box Number is Not Acceptable) 3009 Tipperary Drive	
83	
84 City Tallahassee	85 Zip Code FL 32308

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 *Marilyn C Hall* (NOTE: Registered Agent signature required when reinstating) DATE **June 1, 1998**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BOYD, C E JR. 305 S GADSDEN ST TALLAHASSEE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOORE, JUANITA 605 SUWANNEE ST. MAIL STAT #55 TALLAHASSEE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, DAN 8047 JORDAN COURT TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RILEY, ERIC 2814 BOTANY PLACE TALLAHASSEE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairman of Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nancy Linnan 2155 Monroe Street, Ste 500 Tallahassee FL 32301
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	First Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Everett Bond 305 S Gadsden Street Tallahassee FL 32301
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Second Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bret Hammond 306 Summerwood Drive Cranfordville FL 32327
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johnny Smyth 3124 Briar Branch Trail Tallahassee FL 32312
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carole Jo Hardiman 2359 Tour Eiffel Drive Tallahassee FL 32308
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE: *Christine Hall*

5/1/98

CR2E037 (10/97)