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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708867

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

559797 - 90054 - 14

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/29/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0812644 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HALL, CHRISTIE
3004 TIPPERARY DR
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):
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: Christine Hall 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 IN 12		
TITLE	CED	☒ DELETE	1.1 TITLE	Chairman (CoBD)	☒ Change ☐ Addition
NAME	BOYD, C E JR.		1.2 NAME	Nancy Linnan	
STREET ADDRESS	305 S GADSEN ST		1.3 STREET ADDRESS	215 S. Monroe St. #500	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	COBD	☒ DELETE	2.1 TITLE	Vice President (VPD)	☒ Change ☐ Addition
NAME	LINNAN, NANCY		2.2 NAME	Everett Boyd	
STREET ADDRESS	215 S MONROE ST, #500		2.3 STREET ADDRESS	305 S Gadsden	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	PD	☒ DELETE	3.1 TITLE	Secretary (SD)	☒ Change ☐ Addition
NAME	BOND, EVERTTE		3.2 NAME	Carole Hardiman	
STREET ADDRESS	305 S GADSDEN ST		3.3 STREET ADDRESS	16104 Borderline Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	VPD	☒ DELETE	4.1 TITLE	President Elect (CED)	☒ Change ☐ Addition
NAME	HAMMOND, BRET		4.2 NAME	Bret Hammond	
STREET ADDRESS	306 SUMMERWOOD DR		4.3 STREET ADDRESS	225 S Adams	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		4.4 CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	T	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JOHNNY		5.2 NAME		
STREET ADDRESS	3424 BRIAR BRANCH TRL		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HARDIMAN, CAROL		6.2 NAME		
STREET ADDRESS	2359 TOUR EIFFEL DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #