2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708867

FILED May 01, 2006 Secretary of State

Entity Name: EASTER SEAL SOCIETY OF NORTH FLORIDA, INC.

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	RS PARK DR SSEE, FL 32301			
urrent N	failing Address:	New Mailing Address:		
P.O. BOX ALLAHA	7665 SSEE, FL 32314			
accordar	r: 59-0812644 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did no	·	d()	
ame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:		
	LL RS PARK DR SSEE, FL 32301 US			
	e named entity submits this statement for the p e of Florida.	urpose of changing its registered office or registered agent, o	or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Age	ent Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIR	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
itle: ame: ddress: ity-St-Zip:	COBD () Delete SPELLMAN, MICHAEL 1319 THOMASWOOD DRIVE TALLAHASSEE, FL 32308	Title: () Change () Addition Name: Address: City-St-Zip:		
itle: ame: ddress:	VPD () Delete PFIEFFER, SUMMER 9783 WYNTREE LANE TALLAHASSEE, FL 32317	Title: VPD (X) Change () Addition Name: DIGRUCCIO, DENISE Address: 7075 GRENVILLE RD City-St-Zip: TALLAHASSEE, FL 32309		
ity-St-Zip:				
tle: ame: ddress:	S () Delete MELTON, KIM 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	Title: () Change () Addition Name: Address: City-St-Zip:		
ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress: ity-St-Zip:	MELTON, KIM 3110 CAPITAL CIRCLE NE	Name: Address:		
tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	MELTON, KIM 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 T () Delete HANSARD, MATTHEW 3375-G CAPITAL CIRCLE NE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW R. HANSARD T 05/01/2006