

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90157 014 *****70.00

DOCUMENT # 708867

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0812644**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, CHRISTINE
3004 TIPPERARY DR
TALLAHASSEE FL 32308**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christine Hall

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

(NOTE: Registered Agent signature required when reinstating)

8-20-03

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COBD	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, CHAUNCY	
STREET ADDRESS	3007 SHAMROCK N UNIT 3	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MELANIE	
STREET ADDRESS	7013 LAKE BASIN RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARDIMAN, CAROLE	
STREET ADDRESS	5005 MINT HILL CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARSONS, BILL	
STREET ADDRESS	7013 LAKE BASIN RD	
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		

TITLE	COBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Melanie	
STREET ADDRESS	3007 Shamrock N.	
CITY-ST-ZIP	Tallahassee, FL	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Alan	
STREET ADDRESS	3491 Torrington way	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spellman, Michael	
STREET ADDRESS	300 S. Adams St. Box A-5	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hansard, Matthew	
STREET ADDRESS	3375-6 Capital Circle NE	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christine Hall
SIGNATURE REQUIRED

8-20-03

850-222-4465

Date

Daytime Phone #

CR2E037 (4/03)