FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **709132** **(5)**

1. Corporation Name

EASTER SEAL SOCIETY OF EAST CENTRAL FLORIDA, INC

Principal Place of Business	Mailing Address
3661 S. BABCOCK ST. MELBOURNE FL 32901-5221	3661 S. BABCOCK ST. MELBOURNE FL 32901-5221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1965
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-0681758 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 32901-8221 Country 25	Zip 29: 32901-8221 Country 30

9. Name and Address of Current Registered Agent

BALY, MARLENE K.
2935 THRUSH DRIVE #238
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: 700001417537
82 Street Address (P.O. Box Number is Not Acceptable): 02/28/95--01106--002 *****61.25 *****61.25
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 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	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	BRETT, JOSEPH J.	1.2 NAME	McWilliams, Joan	
STREET ADDRESS	300 EAST NASA BLVD.	1.3 STREET ADDRESS	1790 A1A, #206	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Satellite Beachm, FL 32937	
TITLE	VD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MCWILLIAMS, JOAN	2.2 NAME	Summers, Glenn	
STREET ADDRESS	1790 A1A, SUITE 206	2.3 STREET ADDRESS	1550 W. King St.	
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	TD	3.1 TITLE	2VD	☐ Change ☒ Addition
NAME	ROUB, BRYAN R.	3.2 NAME	Fougerousse, Philip	
STREET ADDRESS	1025 WEST NASA BLVD.	3.3 STREET ADDRESS	506 Palm Ave.	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Titusville, FL 32796	
TITLE	S	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	COLEMAN, LINDA	4.2 NAME	Roub, Bryan	
STREET ADDRESS	969 N. A1A #5	4.3 STREET ADDRESS	1025 W. Nasa Blvd.	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	Melbourne, FL 32919	
TITLE	M	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	CHILES-COOKE, CONNIE	5.2 NAME	Gilliland, Joy	
STREET ADDRESS	1400 PALM BAY RD. NE	5.3 STREET ADDRESS	464 N. Harbor City Blvd.	
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	PCE	6.1 TITLE	PCE	☐ Change ☐ Addition
NAME	DALY, MARLENE K.	6.2 NAME	Daly, Marlene K.	
STREET ADDRESS	2935 THRUSH DRIVE #238	6.3 STREET ADDRESS	2935 Thrush Dr., #238	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	Melbourne, FL 32935	

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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)(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.

SIGNATURE: Marlene K. Daly 2-1-95 (407) 723-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marlene K. Daly

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