

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # **709132** (5)
1. Corporation Name
EASTER SEAL SOCIETY OF EAST CENTRAL FLORIDA, INC

Principal Place of Business
**3661 S. BABCOCK ST.
MELBOURNE FL 32901-8221**

Mailing Address
**3661 S. BABCOCK ST.
MELBOURNE FL 32901-8221**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1965		3a. Date of Last Report 02/24/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0881758		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DALY, MARLENE K. 2935 THRUSH DRIVE #238 MELBOURNE FL 32935				81	Name Willer, Richard H.		
				82	Street Address (P.O. Box Number is Not Acceptable) 3661 S. Babcock Street		
				83			
				84	City Melbourne	85	Zip Code FL 32901

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: *Richard H. Willer* **Richard H. Willer, Pres/CEO** **4/18/96**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	2VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCWILLIAMS, JOAN	1.2 NAME	Moisand, Dan
STREET ADDRESS	1790 A1A #206	1.3 STREET ADDRESS	1361 Bedford Dr., #103
CITY-ST-ZIP	SATELLITE BEACH FL 32937	1.4 CITY-ST-ZIP	Melbourne, FL 32941
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, GLENN	2.2 NAME	
STREET ADDRESS	1550 W. KING ST.	2.3 STREET ADDRESS	200 Willard St., #1A
CITY-ST-ZIP	COCOA FL 32926	2.4 CITY-ST-ZIP	Cocoa, FL 32922
TITLE	2VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUGEROUSSE, PHILLIP	3.2 NAME	
STREET ADDRESS	506 PALM AVE.	3.3 STREET ADDRESS	1040 S. Florida Ave.
CITY-ST-ZIP	TITUSVILLE FL 32796	3.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ROUB, BRYAN	4.2 NAME	
STREET ADDRESS	1025 W. NASA BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32919	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	GILLILAND, JOY	5.2 NAME	
STREET ADDRESS	464 N. HARBOR CITY BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	5.4 CITY-ST-ZIP	
TITLE	PCE <input checked="" type="checkbox"/> DELETE	6.1 TITLE	PCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALY, MARLENE K.	6.2 NAME	Willer, Richard H.
STREET ADDRESS	2935 THRUSH DRIVE #238	6.3 STREET ADDRESS	3661 S. Babcock St.
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	Melbourne, FL 32901

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)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Richard H. Willer* **Richard H. Willer** **4/18/96** **407-723-4474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)