


FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Houghton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709132** (5)  
1. Corporation Name  
**EASTER SEAL SOCIETY OF EAST CENTRAL FLORIDA, INC**



Principal Place of Business <b>3661 S. BABCOCK ST. MELBOURNE FL 32901-8221</b>	Mailing Address <b>3661 S. BABCOCK ST. MELBOURNE FL 32901-8221</b>
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3. Date Incorporated or Qualified <b>06/15/1965</b>	4. FEI Number <b>59-0881758</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILLER, RICHARD H.  
3661 S BABCOCK ST  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name <b>Gerald L. Ream</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>3661 S. Babcock Street</b>
83	84 City <b>Melbourne</b>
85 Zip Code <b>FL 32901</b>	

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 *Gerald L. Ream* **Gerald L. Ream, President, CEO** **1/30/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>VD</b>	NAME <b>MOISAND, DAN</b>	STREET ADDRESS <b>1361 BEDFORD DR #103</b>	CITY-ST-ZIP <b>MELBOURNE FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>VD</b>	NAME <b>DROPSKI, CYNTHIA</b>	STREET ADDRESS <b>680 EAU GALLIE BLVD</b>	CITY-ST-ZIP <b>MELBOURNE FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>CD</b>	NAME <b>FOUGEROUSSE, PHILLIP</b>	STREET ADDRESS <b>50 S NIEMAN AVE</b>	CITY-ST-ZIP <b>MELBOURNE FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>TD</b>	NAME <b>ROUB, BRYAN</b>	STREET ADDRESS <b>1025 W. NASA BLVD.</b>	CITY-ST-ZIP <b>MELBOURNE FL 32919</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>SD</b>	NAME <b>GILLILAND, JOY</b>	STREET ADDRESS <b>464 N. HARBOR CITY BLVD.</b>	CITY-ST-ZIP <b>MELBOURNE FL 32935</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>PCE</b>	NAME <b>WILLER, RICHARD H.</b>	STREET ADDRESS <b>3661 S BABCOCK ST</b>	CITY-ST-ZIP <b>MELBOURNE FL</b>	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D Chairman</b>	1.2 NAME <b>Dan Moisand</b>	1.3 STREET ADDRESS <b>1361 Bedford Dr #103</b>	1.4 CITY-ST-ZIP <b>Melbourne, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>D 1st Vice Chairman</b>	2.2 NAME <b>Cynthia Dropski</b>	2.3 STREET ADDRESS <b>680 Eau Gallie Blvd</b>	2.4 CITY-ST-ZIP <b>Melbourne, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>D Immediate Past Chairman</b>	3.2 NAME <b>Phillip Fougrousse</b>	3.3 STREET ADDRESS <b>50 S Neiman Avenue</b>	3.4 CITY-ST-ZIP <b>Melbourne, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>D Treasurer</b>	4.2 NAME <b>Bryan Roub</b>	4.3 STREET ADDRESS <b>1025 W NASA Blvd</b>	4.4 CITY-ST-ZIP <b>Melbourne, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <b>D Secretary</b>	5.2 NAME <b>Joy Gilliland</b>	5.3 STREET ADDRESS <b>464 N Harbor City Blvd</b>	5.4 CITY-ST-ZIP <b>Melbourne, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE <b>President, CEO</b>	6.2 NAME <b>Gerald L. Ream</b>	6.3 STREET ADDRESS <b>3661 S Babcock Street</b>	6.4 CITY-ST-ZIP <b>Melbourne, FL 32901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: *Cynthia R. Dropski* **1/30/98**

CR2E037 (10/97)