

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 719104 (2)  
1. Corporation Name  
LEON F. STEWART - HAL S. MARCHMAN CENTER, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
3875 TIGER BAY ROAD DAYTONA BCH FL 32124 US		3875 TIGER BAY RD DAYTONA BCH FL 32124-1063 US		03/06/1970	03/19/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-1295986	<input type="checkbox"/> Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
22	27	Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		28. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28				
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CANTLEY, ERNEST D 3875 TIGER BAY RD DAYTONA BEACH FL 32174				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 *Ernest D Cantley* DATE **3-20-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	HUGER, James E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGER, JAMES E			1.2 NAME	935 Sycamore St		
STREET ADDRESS	935 SYCAMORE ST			1.3 STREET ADDRESS	Daytona Bch Fl		N/A
CITY-ST-ZIP	DAYTONA BCH. FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATTICK, WILLIAM E.			2.2 NAME	1308 Peachtree Dr William Attick		
STREET ADDRESS	1308 PEACHTREE DR.			2.3 STREET ADDRESS	Daytona Bch Fl		
CITY-ST-ZIP	DAYTONA BCH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KLEINSCHMIDT, CHARLES H.			3.2 NAME	TED Serbousek		
STREET ADDRESS	P O BOX 9356 NA			3.3 STREET ADDRESS	PO BOX 751 N/A		
CITY-ST-ZIP	DAYTONA EBACH FL			3.4 CITY-ST-ZIP	Daytona beach Fl 32115		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D Lynn Evelyn	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNN, EVELYN			4.2 NAME	824 Peninsula Dr		
STREET ADDRESS	824 PENINSULA DR.			4.3 STREET ADDRESS	Ormond Bch Fl		32174 N/A
CITY-ST-ZIP	ORMOND BCH FL			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	D J.W. Beightle	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEIGHTLE, J. W.			5.2 NAME	6327 Palmes Bay Cir		
STREET ADDRESS	6327 PALMAS BAY CIR.			5.3 STREET ADDRESS	Pt. Orange Fl		
CITY-ST-ZIP	PT ORANGE FL			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	VICE CHAIRMAN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGRATH, BARBARA			6.2 NAME	275 Riverside Dr		
STREET ADDRESS	275 RIVERSIDE DR			6.3 STREET ADDRESS	Ormond Beach Fl		
CITY-ST-ZIP	ORMOND EBACH FL			6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)