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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719104

1. Corporation Name

LEON F. STEWART - HAL S. MARCHMAN CENTER, INC.

Principal Place of Business

3875 TIGER BAY ROAD
DAYTONA BCH FL 32124
US

Mailing Address

3875 TIGER BAY RD
DAYTONA BCH FL 32124
US

147675-90120-13 5



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/06/1970

4. FEI Number

59-1295986

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

9. Name and Address of Current Registered Agent

CANTLEY, ERNEST D
3875 TIGER BAY RD
DAYTONA BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, Pres/CEO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HUGER, JAMES E**
STREET ADDRESS **935 SYCAMORE ST**
CITY-ST-ZIP **DAYTONA BCH. FL**

TITLE **D** ☐ DELETE
NAME **ATTICK, WILLIAM E.**
STREET ADDRESS **1308 PEACHTREE DR.**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE **T** ☐ DELETE
NAME **SERBOUSEK, TED**
STREET ADDRESS **P.O. BOX 751 N/A**
CITY-ST-ZIP **DAYTONA EBACH FL**

TITLE **D** ☐ DELETE
NAME **LYNN, EVELYN**
STREET ADDRESS **824 PENINSULA DR.**
CITY-ST-ZIP **ORMOND BCH FL**

TITLE **D** ☐ DELETE
NAME **BEIGHLE, J.W.**
STREET ADDRESS **6327 PLAMES BAY CIR.**
CITY-ST-ZIP **FT. ORANGE FL**

TITLE **D** ☐ DELETE
NAME **MCGRATH, BARBARA**
STREET ADDRESS **275 RIVERSIDE DR**
CITY-ST-ZIP **ORMOND EBACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

BOARD Chairman

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, with all other like empowered.

SIGNATURE:

Barbara McGrath **BARBARA McGrath**

2-5-99

904-947-1449

CR2E037 (11/98)