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

APPROVED AND FILED

95 APR -7 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16479 (0)

1. Corporation Name
LEISURE OF THE BLIND, INC.

Principal Place of Business	Mailing Address
1824 S HARBOR CITY MELBOURNE FL 32904 US	P O BOX 361804 MELBOURNE FL 32904 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1986
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-3226814 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 1824 S HARBOR CITY
22: Suite, Apt. #, etc.
23: City & State: MELBOURNE, FL
24: Zip: 32904 25: Country: USA

2a. Mailing Address
26: PO BOX 361804
27: Suite, Apt. #, etc.
28: City & State: MELBOURNE, FL
29: Zip: 32936 30: Country: U.S.A.

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

9. Name and Address of Current Registered Agent

~~SCABAROZI, HARRY E~~
~~112 BAY VIEW DR~~
~~SATELLITE BCH FL 32937~~

10. Name and Address of New Registered Agent

61 Name: B. MARIE ZELESKY
62 Street Address (P.O. Box Number is Not Acceptable): 2329 SKYWIND CIRCLE
63:
64 City: MEL BOURNE FL 65 Zip Code: 32935

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: B. MARIE ZELESKY PRES. B. Marie Zelesky 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	P	1.1 TITLE	PRES. D	☒ Change ☐ Addition
NAME	~~SCABAROZI, HARRY E~~	1.2 NAME	B. MARIE ZELESKY	
STREET ADDRESS	~~112 BAYVIEW DR~~	1.3 STREET ADDRESS	2329 SKYWIND CIRCLE	
CITY-ST-ZIP	~~SATELLITE BCH FL~~	1.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	VP	2.1 TITLE	V PRES D	☒ Change ☐ Addition
NAME	~~VALOT, CONNIE~~	2.2 NAME	MARIE LANCASTER	
STREET ADDRESS	~~1292 ETHEL CIR NE~~	2.3 STREET ADDRESS	1276 SHORT ST.	
CITY-ST-ZIP	~~PALM BAY FL~~	2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VP	3.1 TITLE	SEC. D	☒ Change ☐ Addition
NAME	~~FUHRMAN, JANE~~	3.2 NAME	KATE STROM	
STREET ADDRESS	~~APT V101 1245 PALM BAY RD~~	3.3 STREET ADDRESS	369 HARWOOD AVE	
CITY-ST-ZIP	~~PALM BEACH FL~~	3.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	S	4.1 TITLE	TREAS. D	☐ Change ☐ Addition
NAME	~~COTY, PEGGY~~	4.2 NAME	ANTHONY J. ZELESKY	
STREET ADDRESS	~~1057 SMALL CT #18~~	4.3 STREET ADDRESS	2329 SKYWIND CIRCLE	
CITY-ST-ZIP	~~INDIAN HARBOR BCH FL~~	4.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~BECK, STANLEY~~	5.2 NAME	COTY, PEGGY	
STREET ADDRESS	~~3001 BAY PORT CT~~	5.3 STREET ADDRESS	1057 SMALL CT #18	
CITY-ST-ZIP	~~MELBOURNE FL~~	5.4 CITY-ST-ZIP	INDIAN HARBOR BCH, FL 32937	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~ZELESKY, B MARIE~~	6.2 NAME	REBA DODD	
STREET ADDRESS	~~2329 SKYWIND CIR~~	6.3 STREET ADDRESS	1276 SHORT ST.	
CITY-ST-ZIP	~~MELBOURNE FL~~	6.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	

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: Anthony J Zelesky TREAS 4-1-95 (407) 255-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANTHONY J. ZELESKY

000681

D FUHRMAN, JANE
1245 PALM BAY RDAD, NE
PALM BAY, FI 32905

D PAILLERON, MARGE
270 CARISSA DR
SATELLITE BEACH, FL 32937

NIGHTA

GEISSLER, GIL
1869 WALLACE AVE
MELBOURNE, FI 32935

D VALOT, CONNIE
1232 ETHEL CIRCLE NE
PALM BAY, FL 32905

D SCABAROZI, HARRY E
112 BAYVIEW DR.
INDIAN HARBOR BEACH, FL