

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

DOCUMENT # N16479

(0)

1. Corporation Name

LEISURE OF THE BLIND, INC.



Principal Place of Business

Mailing Address

1824 S HARBOR CITY
MELBOURNE FL 32901
US

P O BOX 361804
MELBOURNE FL 32936
US

3. Date Incorporated or Qualified
07/01/1986

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3226814

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZELESKY, B. MARIE
2329 SKYWIND CIR
MELBOURNE FL 32935

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

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 VPD ☒ DELETE
NAME LANCASTER, MARIE
STREET ADDRESS 1276 SHORT STREET
CITY-ST-ZIP ROCKLEDGE FL

1.1 TITLE VPD ☒ Change ☐ Addition
1.2 NAME ELSA SOUKUP
1.3 STREET ADDRESS 1307 BAYSHORE DR.
1.4 CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE SD ☒ DELETE
NAME STROM, KATE
STREET ADDRESS 369 HARWOOD AVE.
CITY-ST-ZIP SATELLITE BEACH FL

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME DODD, REBA
2.3 STREET ADDRESS 1276 SHORT ST.
2.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE TD ☐ DELETE
NAME ZELESKY, ANTHONY J.
STREET ADDRESS 2329 SKYWIND CIR
CITY-ST-ZIP MELBOURNE FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME BECK, STANLEY
3.3 STREET ADDRESS 3991 BAYPORT CT.
3.4 CITY-ST-ZIP MELBOURNE FL 32904

TITLE D ☐ DELETE
NAME COTY, PEGGY
STREET ADDRESS 1057 SMALL CT #18
CITY-ST-ZIP INDIAN HARBOR BCH FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME FOLEY, JOE
4.3 STREET ADDRESS 4645 CANARD RD.
4.4 CITY-ST-ZIP MELBOURNE FL 32934

TITLE D ☒ DELETE
NAME DODD, REBA
STREET ADDRESS 1276 SHORT STREET
CITY-ST-ZIP ROCKLEDGE FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME HUGHES, JOHN
5.3 STREET ADDRESS 2446 COLONY DR.
5.4 CITY-ST-ZIP MELBOURNE FL 32935

TITLE PD ☐ DELETE
NAME ZELESKY, B MARIE
STREET ADDRESS 2329 SKYWIND CIR
CITY-ST-ZIP MELBOURNE FL

6.1 TITLE D ☐ Change ☐ Addition
6.2 NAME PAILLERON, MARGE
6.3 STREET ADDRESS 270 CARISSA DR.
6.4 CITY-ST-ZIP SATELLITE BCH, FL 32937

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 if changed, or on an attachment with an address.

SIGNATURE: *Anthony J. Zelesky* Treasurer 4-1-96 407-255-7223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY J. ZELESKY

TREASURER - DIRECTOR

TREASURER - DIRECTOR

CR2E037 (12/95)