


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32936-1804
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1986		3a. Date of Last Report 04/10/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3226814		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ZELESKY, B. MARIE
2329 SKYWIND CIR
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name **Hughes, John R.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2446 Colony Dr**
84 City **Melbourne** FL 85 Zip Code **32935**

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

Reba E. Dodd, Sec.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required for reinstatement)

DATE **4/12/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice-Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOUKUP, ELSA		1.2 NAME	Coty, Peggy			
STREET ADDRESS	1307 BAYSHORE DR		1.3 STREET ADDRESS	1057 Small Ct. # 18			
CITY-ST-ZIP	COCOA BCH FL		1.4 CITY-ST-ZIP	Indian Harbor Bch, Fa	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	DODD, REBA		2.2 NAME				
STREET ADDRESS	1276 SHORT ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZELESKY, ANTHONY J.		3.2 NAME	Bertrand, Gregory			
STREET ADDRESS	2329 SKYWIND CIR		3.3 STREET ADDRESS	1175 Hwy A1A # 604			
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	Satellite Bch, Fa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COTY, PEGGY		4.2 NAME	Pailleron, Marge			
STREET ADDRESS	1057 SMALL CT #18		4.3 STREET ADDRESS	270 Carissa Dr			
CITY-ST-ZIP	INDIAN HARBOR BCH FL		4.4 CITY-ST-ZIP	Satellite Bch, Fa	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE				
NAME	BECK, STANLEY		5.2 NAME				
STREET ADDRESS	3991 BAYPORT CT		5.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZELESKY, B MARIE		6.2 NAME				
STREET ADDRESS	2329 SKYWIND CIR		6.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE 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.

SIGNATURE:

Reba E. Dodd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**800002156448
-04/28/97--01034--050
***61.25**

4/12/97 (402) 632-1574
Date Daytime Phone # **0019622**

CR2E037 (9/96)