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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1824 S HARBOR CITY MELBOURNE FL 32901 US	Mailing Address P O BOX 361804 MELBOURNE FL 32906 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/01/1986
4. FEI Number 59-3226814
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HUGHES, JOHN R 2446 COLONY DR MELBOURNE FL 32935
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10. Name and Address of New Registered Agent 81 Name Pat Herndon 82 Street Address (P.O. Box Number Is Not Acceptable) 3780 W. New Haven Ave 83 84 City Melbourne FL 85 Zip Code 32904
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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 Pat Herndon (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD COTY, PEGGY 1057 SMALL CT. #18 INDIAN HARBOR BCH FL <input checked="" type="checkbox"/> DELETE
TITLE	SD DODD, REBA 1276 SHORT ST ROCKLEDGE FL <input type="checkbox"/> DELETE
TITLE	TD BERTRAND, GREGORY 1175 HWY A1A #604 SATELLITE BCH FL <input checked="" type="checkbox"/> DELETE
TITLE	D PAILLERON, MARGE 270 CARISSA DR SATELLITE BCH FL <input checked="" type="checkbox"/> DELETE
TITLE	D BECK, STANLEY 3991 BAYPORT CT MELBOURNE FL <input type="checkbox"/> DELETE
TITLE	D ZELESKY, B MARIE 2329 SKYWIND CIR MELBOURNE FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pam Bertrand
1.3 STREET ADDRESS	1175 A1A #604
1.4 CITY-ST-ZIP	Satellite Beach, Fa. 32937 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Connie Valot
2.3 STREET ADDRESS	1232 Ethel Cr, NE
2.4 CITY-ST-ZIP	Palm Bay, Fa 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D
3.2 NAME	John R. Hughes
3.3 STREET ADDRESS	2446 Colony Dr
3.4 CITY-ST-ZIP	Melbourne, Fa 329 32935 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gill Geissler
4.3 STREET ADDRESS	1869 Wallace Ave
4.4 CITY-ST-ZIP	Melbourne, Fa 32935

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.

SIGNATURE:

Pat Herndon

CR2E037 (10/97)