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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 # N17967

1. Corporation Name
VERY SPECIAL ARTS/FLORIDA, INC.

Principal Place of Business	Mailing Address
6405 FITZ LANE TALLAHASSEE FL 32311	6405 FITZ LANE TALLAHASSEE FL 32311

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3500 E. Fletcher Avenue	26 3500 E. Fletcher Avenue	11/25/1986
Suite, Apt. #, etc. 22 Suite 225	Suite, Apt. #, etc. 27 Suite 225	4. FEI Number 59-2758321 ☐ Applied For ☐ Not Applicable
City & State 23 Tampa, FL	City & State 28 Tampa, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33613 Country 25 USA	Zip 29 33613 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DILGER, SANDRA D., PH. 3672 BARBARY DRIVE TALLAHASSEE FL 32308	81 Name: Karen Moffitt, Ph.D. 82 Street Address (P.O. Box Number is Not Acceptable): 3500 E. Fletcher Avenue Suite 225 83 84 City: Tampa FL 85 Zip Code: 33613

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 Karen Moffitt, Ph.D. President 3/25/99
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	PD	☒ DELETE	1.1 TITLE	VP Operations T	☐ Change ☒ Addition
NAME	PELTON, MARGARET		1.2 NAME	Doug Cifers	
STREET ADDRESS	300 NE 2ND AVE		1.3 STREET ADDRESS	3235 Duff Rd	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	D	☒ DELETE	2.1 TITLE	VP PR/Development T	☐ Change ☒ Addition
NAME	DILGER, SANDRA		2.2 NAME	Robert Gallo	
STREET ADDRESS	3672 BARBARY DRIVE		2.3 STREET ADDRESS	250 Marriott Drive	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	D	☒ DELETE	3.1 TITLE	VP-Programs T	☐ Change ☒ Addition
NAME	WOOLEY-BROWN, CATHY		3.2 NAME	Bonnie Weaver	
STREET ADDRESS	SCHOOL BLD., 109 FLORAL AVE.		3.3 STREET ADDRESS	103 Elwa Place	
CITY-ST-ZIP	BARTOW FL		3.4 CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	D	☒ DELETE	4.1 TITLE	Treasurer T	☐ Change ☒ Addition
NAME	WADE, SALLY		4.2 NAME	Liselle Esposito	
STREET ADDRESS	3500 E. FLETCHER AVE., #225		4.3 STREET ADDRESS	101 E. Kennedy, Suite 1500	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE		☐ DELETE	5.1 TITLE	Secretary T	☐ Change ☒ Addition
NAME			5.2 NAME	Paula Lou Mapoles	
STREET ADDRESS			5.3 STREET ADDRESS	7150 Printers Alley	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Milton, FL 32583	
TITLE		☐ DELETE	6.1 TITLE	President D	☐ Change ☒ Addition
NAME			6.2 NAME	Karen Moffitt, Ph.D.	
STREET ADDRESS			6.3 STREET ADDRESS	3500 E. Fletcher Ave. Suite 225	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, FL 33613	

CR2E037 (11/98)

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: SIGNATURE REQUIRED Karen Moffitt, Ph.D. President 3/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #