## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT #758565** 04-30-2008 90193 044 \*\*\*\*61.25 FLORIDA COUNCIL FOR EXCEPTIONAL CHILDREN, INC. Mailing Address Principal Place of Business 6507 GRAZING LANE 6507 GRAZING LANE ODESSA, FL 33556 US 115 ODESSA, FL 33556 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2171083 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HORNBUCKLE, KAY D Street Address (P.O. Box Number is Not Acceptable) 6507 GRAZING LANE ODESSA, FL 33556 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 6 SIGNATURE Signature, typed-or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2008 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ₩ Delete TITLE PREGIDENT Addition TITLE JUNE LOGUE EZELL, DAN DR. NAME 798 WOOD AVE. 1661 SILVERADO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA EITY, FL 32401 CITY-ST-ZIP ROCKLEDGE, FL 32955 ■ Addition PREL PREL Change TITLE ☐ Delete TITLE DR. JANET RANEY LOGUE, JUNE NAME NAME 1953 FATIURD. 798 WOOD AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP DELAND, FL 32720 PANAMA CITY, FL 32401 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE HORNBUCKLE, KAY D NAME NAME 6507 GRAZING LANE STREET ADDRESS STREET ADDRESS ODESSA, FL 33556 CITY-ST-ZIP CITY-ST-ZIP SECRETARY Delete De Change ☐ Addition TITLE SEC TITLE PAULA SCHULER- EVANS LOVELL, LAUREN NAME NAME 2158 LAKEWOOD DRIVE STREET ADDRESS 1225 SW 34TH TERR STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CAPE CORAL, FL 33914 CITY-ST-ZIP **∑** Change ☐ Addition ☐ Delete MILE TITLE DR. ELIZABETH CRAMER RANEY, JANET DR. NAME NAME 16219 SW 18 AVENUE 1953 FATIO ROAD STREET ADDRESS STREET ADDRESS PALMETTO BAY, FL 33157 DELAND, FL 32720 CiTY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

FILED

Apr 30, 2008 8:00 am