

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006386

Entity Name: DP SPECIAL NEEDS CONSULTING CORP**Current Principal Place of Business:**2923 STEPPING STONE PATH
THE VILLAGES, FL 32163**Current Mailing Address:**2923 STEPPING STONE PATH
THE VILLAGES, FL 32163 US**FEI Number:** 45-2688717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WULF, PAUL A
2923 STEPPING STONE PATH
THE VILLAGES, FL 32163 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	WULF, PAUL A
Address	2923 STEPPING STONE PATH
City-State-Zip:	THE VILLAGES FL 32163
Title	S
Name	RINALDI, THERESA
Address	2462 LAKE DEBRA DRIVE 2-310
City-State-Zip:	ORLANDO FL 32835
Title	ADVISORY COMMITTEE CO-CHAIR
Name	BOYKO, RACHEL
Address	4263 FLAMINGO DRIVE
City-State-Zip:	NAPLES FL 34104

Title	V
Name	WULF, DEBBIE
Address	2923 STEPPING STONE PATH
City-State-Zip:	THE VILLAGES FL 32163
Title	ADVISORY COMMITTEE CO-CHAIR
Name	MCHUGH, JOHN
Address	4263 FLAMINGO DRIVE
City-State-Zip:	NAPLES FL 34104
Title	ADVISORY LIAISON
Name	RONZONE, MICHAEL
Address	723 GILEAD SHORES DRIVE
City-State-Zip:	BRONSON MI 49028

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL WULF**PRESIDENT****02/10/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date