

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005829

Entity Name: SPECIAL PROGRAMS FOR SPECIAL KIDS, INC.**Current Principal Place of Business:**301 W 26TH STREET
LYNN HAVEN, FL 32444**Current Mailing Address:**301 W 26TH STREET
LYNN HAVEN, FL 32444 US**FEI Number: 59-3475282****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NELSON, PAULA M
3114 PRESERVE ROOKERY BLVD
PANAMA CITY BEACH, FL 32408 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: PAULA M NELSON****04/24/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name NELSON, PAULA M
Address 3114 PRESERVE ROOKER BLVD
City-State-Zip: PANAMA CITY FL 32408

Title VP
Name MAJKA, KATHLEEN
Address 3319 COUNTRY CLUB DR
City-State-Zip: LYNN HAVEN FL 32444

Title TREASURER
Name NELSON, DANIEL L.
Address 3114 PRESERVE ROOKERY BLVD
City-State-Zip: PANAMA CITY BEACH FL 32408

Title SECRETARY
Name DENECKE, MARILYN
Address 1233 CAPRI DRIVE
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR
Name WALSINGHAM, PAM
Address P.O. BOX 27730
City-State-Zip: PANAMA CITY BEACH FL 32411

Title DIRECTOR
Name GREEN, JEANNE
Address 612 PARKSIDE VILLAGE WAY
City-State-Zip: MARIETTA GA 30060

Title DIRECTOR
Name WARREN, GINA RENEE
Address 1217 BRITTON ROAD
City-State-Zip: LYNN HAVEN FL 32444

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: DANIEL L, NELSON**TREASURER****04/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date