SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 24, 1999 8:00 am
Secretary of State
08-24-1999 90013 016 ****61.25

0011108

DOCUMENT # 712001

1. Corporation Name
PRESBYTERIAN SPECIAL SRVICES, INC.

609180 - 90013 - 16

Principal Place of Business	Mailing Address
3395 GRAND AVENUE GLENWOOD FL 32722	P.O. BOX 220036 GLENWOOD FL 32722

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/22/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1159090 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DAVIS, W BLAKE
3395 N. GRAND AVE.
GLENWOOD FL 32722

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PETERSON, SID C.		1.2 NAME	Bruns. Carolle	
STREET ADDRESS	4012 SAXON DRIVE		1.3 STREET ADDRESS	40 Meadowood Trail	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP	DeLand, FL 32724	
TITLE	C	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SANDERS, EDWIN P.B.		2.2 NAME	Cathers, Margaret	
STREET ADDRESS	120 W. INDIANA, SUITE 207		2.3 STREET ADDRESS	732 Bella Vista	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	STD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	AITKEN,ROBERT		3.2 NAME	Weigel, Allyn	
STREET ADDRESS	3022 TURTLE DOVE TRAIL		3.3 STREET ADDRESS	Island Grove Drive	
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP	DeLand, FL 32720	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GAEL, ART		4.2 NAME	Yeh, Charles	
STREET ADDRESS	13275 SE 106 TERR		4.3 STREET ADDRESS	9800 SW 3rd Ct.	
CITY-ST-ZIP	OCKLAWAHA FL 32179		4.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	VCD	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KIRKPATRICK, JOHN		5.2 NAME	Martin, Wilma	
STREET ADDRESS	1601 BUENA VISTA DR.		5.3 STREET ADDRESS	1351 Greenland Trace	
CITY-ST-ZIP	EUSTIS FL		5.4 CITY-ST-ZIP	DeLand, FL 32720	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BIRDSALL, WILLIAM		6.2 NAME		
STREET ADDRESS	36340 VIA MARCIA ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL		6.4 CITY-ST-ZIP		

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 REQUIR Edwin P.B. Sanders Chairman 8/18/99 (904)734-2874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)