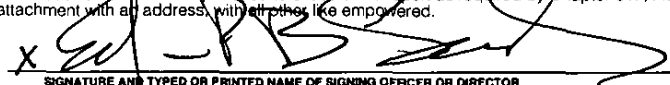


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 712001 1. Entity Name PRESBYTERIAN SPECIAL SERVICES, INC.						FILED 05 DEC 14 PM 4: 30 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3395 GRAND AVENUE GLENWOOD, FL 32722				Mailing Address P.O. BOX 220036 GLENWOOD, FL 32722			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 59-1159090				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				12052005 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent SANDERS, EDWIN P.B. 3395 N. GRAND AVE. GLENWOOD, FL 32722				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATHERS, MARGARET 372 BELLA VISTA EDGEWATER, FL 32141			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURER 800062161158 12/14/05--01044--001 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SANDERS, EDWIN P.B. 120 W. INDIANA, SUITE 207 DELAND, FL 32720			TITLE NAME STREET ADDRESS CITY-ST-ZIP	BR 12/14		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUNS, CAROLLE 40 MEADOWOOD TRAIL DELAND, FL 32724			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILMA 1351 GREENLAND TERRANCE DELAND, FL 32720			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMINISTRATOR HILL, CHRISTOPHER 1521 N BEACH ST ORMOND BEACH, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAEL, ART PO BOX 1803 BELLEVIEW, FL 34421			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER JONES, MARTIN 527 MOCKINGBIRD CT LAKE MARY, FL 32746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEH, CHARLES 2455 PROVENCE CIRCLE WESTON, FL 33327			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR OF RES SERVICES SHANKLETON, MARSHA 44 WISTERIA DR DEBARY, FL 32713		
12. 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 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 or without like empowered.							
SIGNATURE: 				8 DEC 05 386 734 2874			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			