

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712860

FILED
Jan 08, 2007
Secretary of State

Entity Name: FLORIDA FOUNDATION FOR SPECIAL CHILDREN, INC.

Current Principal Place of Business:

380 SEMORAN COMMERCE PL
SUITE B204
APOPKA, FL 32703 US

New Principal Place of Business:

909 E. WELCH RD.
APOPKA, FL 32712 US

Current Mailing Address:

P.O. BOX 1300
APOPKA, FL 32704 US

New Mailing Address:

500 EAST COLONIAL DR.
ORLANDO, FL 32803 US

FEI Number: 59-6191018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIFE CONCEPTS, INC.
380 SEMORAN COMMERCE PLACE
SUITE B204
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

LIFE CONCEPTS, INC.
500 EAST COLONIAL DR.
ORLANDO, FL 32803 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: M. KATIE PORTA

01/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DESIMONE, BETH
Address: 312 PRESSVIEW AVE
City-St-Zip: LONGWOOD, FL 32750

Title: C () Delete
Name: HUNGATE, ROB
Address: PO BOX 3193
City-St-Zip: ORLANDO, FL 32802

Title: P () Delete
Name: PORTA, M. KATIE
Address: P.O. BOX 1300
City-St-Zip: APOPKA, FL 32704

Title: VC () Delete
Name: HAVEN, JOLYNN
Address: PO BOX 618412
City-St-Zip: ORLANDO, FL 32861

Title: T () Delete
Name: FERNANDEZ, MELANIE
Address: 201 S. ORANGE AVE. SUITE 150
City-St-Zip: ORLANDO, FL 32801

Title: S (X) Delete
Name: WILSON, CAROL
Address: 3026 CHRIS LANE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HAVEN, JOLYNN CHAIR
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: T (X) Change () Addition
Name: BRESNICK, RUTH TREASUR
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: VC (X) Change () Addition
Name: JACKSON, ERIC VICECHA
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: S (X) Change () Addition
Name: MAGRADY, JANE SECRETA
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: P (X) Change () Addition
Name: PORTA, KATIE PRESIDE
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: M. KATIE PORTA

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date