FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722744 (0)

1. Corporation Name

FLORIDA SPECIAL OLYMPICS, INC.

000001518000
-06/20/95--01103--016
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2639 N MONROE ST. SUITE 151-A TALLAHASSEE FL 32303-4064	2639 N MONROE ST. SUITE 151-A TALLAHASSEE FL 32303-4064

3. Date Incorporated or Qualified: 02/21/1972
3a. Date of Last Report: 02/22/1994
4. FEI Number: 23-7181560 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21 Fla. Special Olympics	2a. Mailing Address	26 Fla. Special Olympics
Suite, Apt. #, etc	22 4511 N. Himes Ave, Ste 245	Suite, Apt. #, etc	27 4511 N. Himes Ave, Ste 245
City & State	23 Tampa, FL 33614	City & State	28 Tampa, FL 33614
Zip / Country	24 33614 / 25	Zip / Country	29 33614 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAGEE, KENNETH D., JR. 2639 N MONROE ST STE 151-A TALLAHASSEE FL 32303	81 Name: Dr. Anthony Adamo 82 Street Address (P.O. Box Number is Not Acceptable): 4511 N. Himes Ave. 83: Suite 245 84 City: Tampa, 85 FL Zip Code: 33614

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	KENNEDY, WAYNE	12 NAME	Dennis Diecidue	
STREET ADDRESS	1 SE 15TH RD #250	13 STREET ADDRESS	612 Horatio St.	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Tampa, FL 33606	
TITLE	VD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	NUGENT, BRIAN	22 NAME	Brian Nugent	
STREET ADDRESS	106 E COLLEGE AVE 12 FL	23 STREET ADDRESS	P.O.Box 1877	
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	Tallahassee, FL 33202	
TITLE	D	31 TITLE	V/D	☒ Change ☐ Addition
NAME	WILSON, SANDRA	32 NAME	James Farmer	
STREET ADDRESS	39 COLUMBIA DRIVE, DAVIS ISLAND	33 STREET ADDRESS	2413 Bay Shore Blvd #305	
CITY ST ZIP	TAMPA FL 33606	34 CITY ST ZIP	Tampa, FL 33629	
TITLE	D	41 TITLE	T/D	☒ Change ☐ Addition
NAME	MOORE, ANN	42 NAME	William Ferguson	
STREET ADDRESS	501 BEVILLE RD	43 STREET ADDRESS	P.O.Drawer 14569	
CITY ST ZIP	DAYTONA BEACH FL	44 CITY ST ZIP	Tallahassee, FL 32317	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	FAULS, DONALD J.	52 NAME		
STREET ADDRESS	1548 VALLEY ROAD	53 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL	54 CITY ST ZIP		
TITLE	DP	61 TITLE		☐ Change ☐ Addition
NAME	LEMOINE, EUGENE	62 NAME		
STREET ADDRESS	1375 BUENA VISTA DR.	63 STREET ADDRESS		
CITY ST ZIP	LAKE BUENA VISTA FL	64 CITY ST ZIP		

$87.50 6/19

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 above, or on an attachment with an blank.

SIGNATURE: _____ 6/2/95 813/229-2766
(TYPE OR PRINT NAME OF FILING OFFICER OR DIRECTOR) (Date) (Telephone Number)

DENNIS G. DIECIDUE

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