FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **722744** **(0)**

1. Corporation Name
FLORIDA SPECIAL OLYMPICS, INC.

Principal Place of Business	Mailing Address
4511 N. HIMES AVE STE 245 TAMPA FL 33614	4511 N. HIMES AVE STE 245 TAMPA FL 33614

3. Date Incorporated or Qualified: **02/21/1972**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **23-7181560** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ADAMO, ANTHONY DR
4511 N. HIMES AVE
STE 245
TAMPA FL 33614

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DIECIDUE, DENNIS		1.2 NAME	Diecidue, Dennis	
STREET ADDRESS	612 HORATIO ST		1.3 STREET ADDRESS	600 E Madison, Ste 5	
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	NUGENT, BRIAN		2.2 NAME		
STREET ADDRESS	P.O. BOX 1877 N/A		2.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	TALLAHASSEE FL 33202		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	FARMER, JAMES		3.2 NAME	Farmer, James	
STREET ADDRESS	2413 BAY SHORE BLVD #305		3.3 STREET ADDRESS	205 S. Hoover St, Ste 401	
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP	Tampa, FL 33609	
TITLE	TD	☒ DELETE N/A	4.1 TITLE		☐ Change ☒ Addition
NAME	FERGUSON, WILLIAM		4.2 NAME		
STREET ADDRESS	P.O. DRAWER 14569 N/A		4.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32317		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	FAULS, DONALD J.		5.2 NAME	David S. Pressly	
STREET ADDRESS	1546 VALLEY ROAD		5.3 STREET ADDRESS	322 Lakeview Ave, Esperanto, Ste 910	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	W. Palm Beach, FL 33401-6112	
TITLE	DP	☒ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	LEMOINE, EUGENE		6.2 NAME	Lemoine, Eugene	
STREET ADDRESS	1375 BUENA VISTA DR.		6.3 STREET ADDRESS	1375 Buena Vista Dr	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830		6.4 CITY-ST-ZIP	Lake Buena Vista, FL 32830	

CR2E037 (12/95)

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)(k), 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.

SIGNATURE: [signature] Lemoine, VP 3/7/96 813-871-5203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #