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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722744 (0)

1. Corporation Name
FLORIDA SPECIAL OLYMPICS, INC.



Principal Place of Business 4511 N. HIMES AVE STE 245 TAMPA FL 33614	Mailing Address 4511 N. HIMES AVE STE 245 TAMPA FL 33614-7085
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3. Date Incorporated or Qualified 02/21/1972		3a. Date of Last Report 03/19/1996	
2. Principal Place of Business 8 Broadway		2a. Mailing Address 8 Broadway	
21 Suite, Apt. #, etc. Suite D		26 Suite, Apt. #, etc. Suite D	
22 City & State Kissimmee FL		27 City & State Kissimmee FL	
23 Zip 34741		28 Zip 34741	
24 Country USA		29 Country USA	
25		30	

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 Charles M. Castevens	
		82 Street Address (P.O. Box Number is Not Acceptable) 8 Broadway	
		83 Suite D	
		84 City Kissimmee	
		85 Zip Code FL 34741	

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: *Charles M. Castevens* **Charles M. Castevens**
Executive Director
1-10-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIECIDUE, DENNIS		1.2 NAME Diecidue, Dennis	
STREET ADDRESS 600 E MADISON STE 5		1.3 STREET ADDRESS 500 N Morgan	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Tampa FL 33602	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUGENT, BRIAN		2.2 NAME Nugent, Brian	
STREET ADDRESS P.O. BOX 1877 N/A		2.3 STREET ADDRESS 106 E College Ave Ste 1200	
CITY-ST-ZIP TALLAHASSEE FL 32302		2.4 CITY-ST-ZIP Tallahassee FL 32302-1877	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FARMER, JAMES		3.2 NAME Farmer, James	
STREET ADDRESS 205 S HOOVER ST STE 401		3.3 STREET ADDRESS Farmer, James	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FERGUSON, WILLIAM		4.2 NAME Connors, Robert	
STREET ADDRESS P.O. DRAWER 14569 N/A		4.3 STREET ADDRESS 325 W Gaines St Room 514 FEC	
CITY-ST-ZIP TALLAHASSEE FL 32317		4.4 CITY-ST-ZIP Tallahassee FL 33602	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FAULS, DONALD J.		5.2 NAME Caldwell, Sara	
STREET ADDRESS 1546 VALLEY ROAD		5.3 STREET ADDRESS P.O. 2023 N/A	
CITY-ST-ZIP TALLAHASSEE FL		5.4 CITY-ST-ZIP Daytona Beach FL 32115	
TITLE DP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE CE/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEMOINE, EUGENE		6.2 NAME Ruggieri, Philip G.	
STREET ADDRESS 1375 BUENA VISTA DR.		6.3 STREET ADDRESS 3109 W MLK Blvd Lk Pt Bldg 7th Fl	
CITY-ST-ZIP LAKE BUENA VISTA FL		6.4 CITY-ST-ZIP Tampa FL 33607	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(6)(b), 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 any attachment with an address.

SIGNATURE: *James D. Farmer* **JAMES D. FARMER** 1/18/97 (407) 870-2292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)