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**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90032 027 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722744**

1. Corporation Name

**SPECIAL OLYMPICS FLORIDA, INC.**

Principal Place of Business

8 BROADWAY  
 SUITE D  
 KISSIMMEE FL 34741  
 US

Mailing Address

8 BROADWAY  
 SUITE D  
 KISSIMMEE FL 34741  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/21/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7181560	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CASTEVENS, CHARLES M  
 8 BROADWAY  
 STE. D  
 KISSIMMEE FL 34741

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

*Charles M. Castevens*

CHARLES M. CASTEVENS

2/6/99

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIECIDUE, DENNIS	1.2 NAME	Holz, Karl
STREET ADDRESS	500 N MORGAN	1.3 STREET ADDRESS	P.O. Box 10000 N/A
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Lake Buena Vista FL 32830-1000
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUGENT, BRIAN	2.2 NAME	Nugent, Brian
STREET ADDRESS	106 E. COLLEGE AVE, STE. 1200	2.3 STREET ADDRESS	1144 E Newport Center Drive
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, JAMES	3.2 NAME	Phillip G. Ruggieri
STREET ADDRESS	205 S HOOVER ST STE 401	3.3 STREET ADDRESS	3109 W Martin Luther King Blvd
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	VCD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, ROBERT	4.2 NAME	
STREET ADDRESS	325 W. GAINES ST, ROOM 514 FEC	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	CED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUGGIERI, PHILIP G.	5.2 NAME	
STREET ADDRESS	3109 W. MLK BLVD. LK PT BLDG 7TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

*Robert Connors*

2/6/99

850-677-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)