

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90039 038 \*\*\*\*70.00

**DOCUMENT # 722744**

1. Entity Name  
**SPECIAL OLYMPICS FLORIDA, INC.**



Principal Place of Business  
**1105 CITRUS TOWER BLVD  
CLERMONT, FL 34711-1905 US**

Mailing Address  
**1105 CITRUS TOWER BLVD  
CLERMONT, FL 34711-1905 US**

24052010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**23-7181560**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTEVENS, CHARLES M  
1105 CITRUS TOWER BLVD  
~~STE 10~~  
CLERMONT, FL 34711-1905**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1105 CITRUS TOWER BLVD**

City

**CLERMONT**

**FL**

Zip Code  
**34711**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Charles M Castevens*

**CHARLES M CASTEVENS**

**3/24/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **HOLZ, KARL**  
STREET ADDRESS **1375 BUENA VISTA DR N, STE 217**  
CITY-ST-ZIP **LAKE BUENA VISTA, FL 328301000**

TITLE **PD** ☒ Delete  
NAME **CONNORS, ROBERT**  
STREET ADDRESS **28 CONNORS ST**  
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE **T** ☐ Delete  
NAME **JENNINGS, ROGER D**  
STREET ADDRESS **311 W. SABAL PALM PL**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **S** ☐ Delete  
NAME **SMITH, KYLE J**  
STREET ADDRESS **3860 BRANTLEY PLACE CIR**  
CITY-ST-ZIP **APOPKA, FL 34761**

TITLE **VD** ☐ Delete  
NAME **PETRUZZELLI, CARL**  
STREET ADDRESS **600 BUSINESS CENTRAL DR**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **HOLZ, KARL**  
STREET ADDRESS **10634 EMERALD CHASE DR**  
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kyle J. Smith*

**KYLE J. SMITH**

**3/26/04**

**407-649 5444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #