
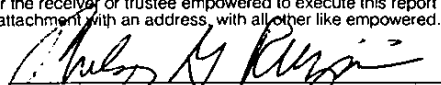


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90357 005 ****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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7181560	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTEVENS, CHARLES M 1105 CITRUS TOWER BLVD STE. D CLERMONT, FL 34711-1905			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLE, FARL		NAME	PHILIP C. RUGGIERI	
STREET ADDRESS	10634 EMERALD CHASE DR.		STREET ADDRESS	29 ST GEORGE PL	
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENNINGS, ROGER D		NAME		
STREET ADDRESS	311 W. SABAL PALM PL		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, KYLE J		NAME		
STREET ADDRESS	3860 BRANTLEY PLACE CIR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 34761		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETRUZZELLI, CARL		NAME		
STREET ADDRESS	600 BUSINESS CENTRAL DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			PHILIP C. RUGGIERI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/19/05		
			Daytime Phone #: 561-723-6666		