FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR 15 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01008 (4)

1. Corporation Name
SPECIAL PARENTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 15362 PENSACOLA FL 32514-7362	P.O. BOX 15362 PENSACOLA FL 32514-7362

3. Date Incorporated or Qualified: 04/05/1984
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2422317 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

HOWARD, DONNA
417 BOBWHITE DRIVE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name: Glencoe, Belinda
82 Street Address (P.O. Box Number is Not Acceptable): 8007 Charter Oaks Dr.
83
84 City: Pensacola FL 85 Zip Code: 32514

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Belinda M. Glencoe Treasurer — 3-12-95
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	D	1.1 TITLE	V D.	☑ Change ☐ Addition
NAME	MORGAN, JANELLE	1.2 NAME	Morgan, Janelle	
STREET ADDRESS	200 W. MICHIGAN AVE.	1.3 STREET ADDRESS	2490 N. 11th Ave	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola. Fl 32503	
TITLE	D	2.1 TITLE	D	☐ Change ☐ Addition
NAME	HOUGHLAND, PATTY	2.2 NAME	Houghland, Patty	
STREET ADDRESS	3312 LONGLEAF DR.	2.3 STREET ADDRESS	3312 Longleaf Dr.	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, Fl 3	
TITLE	PD	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	HOWARD, DONNA	3.2 NAME	Peesley, Sandy	
STREET ADDRESS	3520 HOPESTILL RD	3.3 STREET ADDRESS	1504 N. 61st Ave	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, Fl 32506	
TITLE	VD	4.1 TITLE	V D	☑ Change ☐ Addition
NAME	ROSER, TERESA	4.2 NAME	Morgan, Janelle	
STREET ADDRESS	923 E. LLOYD	4.3 STREET ADDRESS	2490 N. 11th Ave	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, Fl 32503	
TITLE	SD	5.1 TITLE	TD	☑ Change ☐ Addition
NAME	BENEFIELD, TRECIA	5.2 NAME	Glencoe, Belinda	
STREET ADDRESS	5790 HERMOSA CIRCLE	5.3 STREET ADDRESS	8007 Charter Oaks Dr.	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	Pensacola, Fl 32514	
TITLE	TD	6.1 TITLE	SD	☐ Change ☐ Addition
NAME	KENDIG, PAULA	6.2 NAME	Nowell, Janie	
STREET ADDRESS	2445 SEMORAN DRIVE	6.3 STREET ADDRESS	6481 Rambler Dr.	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	Pensacola, Fl 32505	

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)(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.

SIGNATURE: Belinda M. Glencoe — 3.12.95 — 484-7783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071200