

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1008 (4)

1. Corporation Name

SPECIAL PARENTS, INC.

Principal Place of Business

P.O. BOX 15362
PENSACOLA FL 32514-7362

Mailing Address

P.O. BOX 15362
PENSACOLA FL 32514-03623. Date Incorporated or Qualified
04/05/19843a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-2422317Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLENCOE, BELINDA
8007 CHARTER OAKS DR.
PENSACOLA FL 32514

81 Name

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

83 1796B Andrew Jackson Ct

84 City

Pensacola

FL

85 Zip Code

32508

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 a registered agent under s. 617.0503, Florida Statutes.

SIGNATURE Laurie Lomba, Treasurer

3.17.97

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 VD ☒ DELETE
NAME MORGAN, JANELLE
STREET ADDRESS 2490 N. 11TH AVE
CITY-ST-ZIP PENSACOLA FL1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME PRESLEY, SANDY
1.3 STREET ADDRESS 1504 N 61ST AVE
1.4 CITY-ST-ZIP PENSACOLA, FLTITLE D ☐ DELETE
NAME HOUGHLAND, PATTY
STREET ADDRESS 3312 LONGLEAF DR.
CITY-ST-ZIP PENSACOLA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☒ DELETE
NAME PRESLEY, SANDY
STREET ADDRESS 1504 N. 61ST AVE
CITY-ST-ZIP PENSACOLA FL3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME MARTIN, CONNIE
3.3 STREET ADDRESS 3827 GODWIN LANE
3.4 CITY-ST-ZIP PENSACOLA FLTITLE TD ☒ DELETE
NAME GLENCOE, BELINDA
STREET ADDRESS 8007 CHARTER OAKS DR
CITY-ST-ZIP PENSACOLA FL4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME LOMBA, LAURIE
4.3 STREET ADDRESS 1796B ANDREW JACKSON CT
4.4 CITY-ST-ZIP PENSACOLA FLTITLE SD ☒ DELETE
NAME NOWELL, JANIE
STREET ADDRESS 6481 RAMBLER DR.
CITY-ST-ZIP PENSACOLA FL5.1 TITLE SD ☒ Change ☐ Addition
5.2 NAME BAKER, TRACY
5.3 STREET ADDRESS 3505 MC LEAN AVE
5.4 CITY-ST-ZIP PENSACOLA FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Laurie Lomba, Treasurer

3.17.97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073059

CR2E037 (9/96)