FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

				
DOCUMENT # N01008 (4)				
SPECIAL PARENTS, INC.				
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Principal Plac	e of Business	Malling Address	, 	
P.O. BOX 15362 P.O. BOX 15362				3. Date Incorporated or Qualified
PENSACOLA FL 32514-7362 PENSACOLA FL 32514-7362				04/05/1984
				4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address				-59-2422317 59-2423174 Not Applicable
2. Principal Place of Business 2a. Mailing Address 21				5. Certificate of Status Desired \$8.75 Additional Fee Regulred
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22 27				Trust Fund Contribution Added to Fees
City & State	e	City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		ю	Personal Property Tax due June 30. Yes X No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
LALIDA LALIDIP				De on Majnara
LOMBA, LAURIE 1796B ANDREW JACKSON CT.			82 Street 237	Address (P.O. Box Number is Not Acceptable) 7 B Clark Avenue
PENSACOLA FL 32508			83	7 D CIAIN IIVCIIAC
1 2,10,10	,02.16 02000		84 City	es Zio Codo
Tensa				sacola FL 85 Zin Code 32507
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. I				
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 677.0503, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESLEY, SANDY		1.2 NAME	
STREET ADDRESS	1504 N. 61ST AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY - ST - ZIP	Maria
TITLE	D NOUSEND DATTY	DELETE	2.1 TITLE	D Change Addition
NAME OXDEST ADDRESS	HOUGHLAND, PATTY 8 312 LONGLEAF DR .		2.2 NAME	Houghland, Patty 7070 N Blue Angel Parkway
STREET ADDRESS City-St-Zip	PENSACOLA FL		2.3 STREET ADDRESS 2. 4 City-St-Zip	Pensacola FL 32526
TITLE	PD	DELETE	3.1 TITLE	PD Mange Addition
NAME	MARTIN, CONNIE		3.2 NAME	Lomba, Laurie
STREET ADDRESS	2827 GODWIN LANE		3.3 STREET ADDRESS	1796B Andrew Jackson Court
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-ST-ZIP	Pensacola FL 32508
TITLE	TD	▼ DELETE	4.1 TITLE	TD Change Addition
NAME	LOMBA, LAURIE	•	4. 2 NAME	Maynard, Beth 2377 B Clark Avenue
STREET ADDRESS	1796B ANDREW JACKSON CT	•	4.3 STREET ADDRESS	2377 B Clark Avenue Pensacola FL 32507
CITY-ST-ZIP TITLE	PENSACOLA FL SD	⊠ DELÉTE	4.4 CITY-ST-ZIP 5.1 TITLE	SD Addition
NAME	BAKER, TRACY		5.2 NAME	Houghland, Patty
STREET ADORESS	3505 MCLEAN AVE.		5.3 STREET ADDRESS	7070 N Blue Angel Parkway
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	Pensacola FL 32526
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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.

Delw Maynand

APR 09,1998 (850)453-8612

FILED

Apr 22 1998 8:00am

Secretary of State