

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006038

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** SPECIAL NEEDS CHILDREN'S FUND, INC.

**Current Principal Place of Business:**

14591 INDIGO LAKE CIRCLE  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

14591 INDIGO LAKE CIRCLE  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYERS, PATRICIA  
14591 INDIGO LAKE CIRCLE  
NAPLES, FL 34119    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GARBARINO, FRANK  
Address: 3415 DONOSO COURT  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: GOMEZ, RICHARD  
Address: 1100 5TH AVE SOUTH, STE 210  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: BYERS, PATRICIA  
Address: 14591 INDIGO LAKE CIR  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA BYERS

D

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date