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 MAY -1 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004281 (2)**

1. Corporation Name

SPECIAL CARE FOR SPECIAL KIDS, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
320 LONGWOOD HILLS ROAD LONGWOOD FL 32750	320 LONGWOOD HILLS ROAD LONGWOOD FL 32750

3. Date Incorporated or Qualified: **09/20/1993**
3a. Date of Last Report: **07/11/1994**
4. FEI Number: **59-3198801** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 *	2a. Mailing Address 143 E. State Rd 26 434 Longwood FL 32750
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent

FOSLER, JUNE C
320 LONGWOOD HILLS ROAD
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	~~Chm of the Board~~ D	☒ Change ☐ Addition
NAME	FOSLER, JUNE	12 NAME	Fosler, June	
STREET ADDRESS	320 LONGWOOD HILLS RD.	13 STREET ADDRESS	320 Longwood Hills Rd	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	Longwood FL 32750	
TITLE	D	21 TITLE	~~Treas & Exec V President~~ D	☐ Change ☒ Addition
NAME	ULEKOWSKI, KATHRYN	22 NAME	Mary E. Evans	
STREET ADDRESS	505 MANSFIELD DR.	23 STREET ADDRESS	101 Greenleaf Ln	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	24 CITY-ST-ZIP	Altamonte Spgs FL 32714	
TITLE		31 TITLE	~~Vice President Secretary~~ D	☐ Change ☒ Addition
NAME		32 NAME	Debbie Liebnecht	
STREET ADDRESS		33 STREET ADDRESS	3066 Endich Rd	
CITY-ST-ZIP		34 CITY-ST-ZIP	Apopka FL 32712	
TITLE		41 TITLE	Treasurer D	☐ Change ☒ Addition
NAME		42 NAME	Wayne James	
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	[redacted]	☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(k), 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: Kathy Ulekowski 4/01/95 (407) 834-1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #

Kathy Ulekowski Director

0031678