

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000004281 (2)

1. Corporation Name

SPECIAL CARE FOR SPECIAL KIDS, INCORPORATED



Principal Place of Business

Mailing Address

320 LONGWOOD HILLS ROAD
LONGWOOD FL 32750

434 LONWOOD, FLORIDA
143 E STATE ROAD
LONGWOOD FL 32750
US

3. Date Incorporated or Qualified
09/20/1993

3a. Date of Last Report
05/01/1995

21 2. Principal Place of Business
143 E. STATE Rd. 434

2a. Mailing Address
143 E. STATE Rd. 434

4. FEI Number
59-3198801

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Longwood, FL

28 City & State
Longwood, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
32750

25 Country
Seminole

29 Zip
32750

30 Country
Seminole

8. 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

FOSLER, JUNE C
320 LONGWOOD HILLS ROAD
LONGWOOD FL 32750

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

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, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSLER, JUNE	12 NAME	
STREET ADDRESS	320 LONGWOOD HILLS RD.	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, MARY E EVANS	22 NAME	
STREET ADDRESS	107 GREENLEAF LANE	23 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIEBNECHT, DEBBIE	32 NAME	
STREET ADDRESS	3066 ONDICH ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARLENE JALOWSKY	42 NAME	
STREET ADDRESS	48 CINNAMON DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32708	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE JAMES	52 NAME	
STREET ADDRESS	306 BISCAYNE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	200001758492 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

11 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	200001758492 <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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: Wayne O. James Wayne O James 2/7/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #
56 3-26-96

CR2E037 (12/95)