

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

**320 LONGWOOD HILLS ROAD
LONGWOOD FL 32750**

Mailing Address

**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

2. Principal Place of Business

21 143 E. STATE Rd. 434

2a. Mailing Address

26 143 E. STATE Rd. 434

4. FEI Number

59-3198801

☒ Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

City & State

23 Longwood, FL

City & State

28 Longwood, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 32750

Country

25 Seminole

Zip

29 32750

Country

30 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

**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 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

TITLE ☐ DELETE

NAME **D FOSLER, JUNE**
STREET ADDRESS **320 LONGWOOD HILLS RD.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **D EVANS, MARY E EVANS**
STREET ADDRESS **107 GREENLEAF LANE**
CITY-ST-ZIP **ALTAMONTE SPGS. FL**

TITLE ☐ DELETE

NAME **D LIEBNECHT, DEBBIE**
STREET ADDRESS **3066 ONDICH ROAD**
CITY-ST-ZIP **APOPKA FL**

TITLE ☐ DELETE

NAME **DARLENE Talowsky**
STREET ADDRESS **48 Cinnamon Drive**
CITY-ST-ZIP **Orlando, FL 32708**

TITLE ☐ DELETE

NAME **Wayne James**
STREET ADDRESS **3606 BISCAYNE DRIVE**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **CHAIRMAN** ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE **President** ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE **SECRETARY** ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE **Vice-President** ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE **TREASURER** ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE **200001758492** ☐ Change ☐ 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

SC 3-26-96

Daytime Phone #

CR2E037 (12/95)