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Jun 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

143 E STATE RD 434
LONGWOOD FL 32750

143 E STATE RD 434
LONGWOOD FL 32750-5213

3. Date Incorporated or Qualified
09/20/1993

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3198801

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

TITLE PD
NAME EVANS, MARY E EVANS T
STREET ADDRESS 107 GREENLEAF LANE
CITY-ST-ZIP ALTAMONTE SPGS. FL

☐ DELETE

TITLE SD
NAME LIEBNECHT, DEBBIE T
STREET ADDRESS 3086 ONDICH ROAD
CITY-ST-ZIP APOPKA FL

☐ DELETE

TITLE V
NAME JALOWSKY, DARLENE T
STREET ADDRESS 48 CINNAMON DR
CITY-ST-ZIP ORLANDO FL 32708

☐ DELETE

TITLE T
NAME JAMES, WAYNE
STREET ADDRESS 3808 BISCAYNE DR
CITY-ST-ZIP WINTER SPRINGS FL 32708

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE M
1.2 NAME ULEKOWSKI, KATHY T
1.3 STREET ADDRESS 2524 GRASSY POINT DR
1.4 CITY-ST-ZIP LAKE MARY, FL 32746

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

CR2E037 (9/96)