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Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90005 041 *****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004281

1. Corporation Name

SPECIAL CARE FOR SPECIAL KIDS, INCORPORATED

Principal Place of Business

143 E STATE RD 434
LONGWOOD FL 32750

Mailing Address

143 E STATE RD 434
LONGWOOD FL 32750



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/20/1993

4. FEI Number
59-3198801

Applied For
Not Applicable

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME FOSLER, JUNE
STREET ADDRESS 320 LONGWOOD HILLS RD.
CITY-ST-ZIP LONGWOOD FL

TITLE PDT ☐ DELETE
NAME EVANS, MARY E EVANS
STREET ADDRESS 107 GREENLEAF LANE
CITY-ST-ZIP ALTAMONTE SPGS. FL

TITLE SDT ☐ DELETE
NAME LIEBNECHT, DEBBIE
STREET ADDRESS 3066 ONDICH ROAD
CITY-ST-ZIP APOPKA FL

TITLE VT ☐ DELETE
NAME JALOWSKY, DARLENE
STREET ADDRESS 48 CINNAMON DR
CITY-ST-ZIP ORLANDO FL

TITLE M ☐ DELETE
NAME ULEKOWSKI, KATHY
STREET ADDRESS 2524 GRASSY POINT DR
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June Caryl Foster 407-767-9195
Date Daytime Phone #

0014040

CR2E037 (11/98)