

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004281

FILED
Mar 07, 2008
Secretary of State

Entity Name: SPECIAL CARE FOR SPECIAL KIDS, INCORPORATED

Current Principal Place of Business:

220 OWENS HARBOR RD
OSTEEN, FL 32764

New Principal Place of Business:

Current Mailing Address:

220 OWENS HARBOR RD
OSTEEN, FL 32764

New Mailing Address:

FEI Number: 59-3198801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOSLER, JUNE C
220 OWENS HARBOR RD
OSTEEN, FL 32764 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FOSLER, JUNE
Address: 220 OWENS HARBOR RD
City-St-Zip: OSTEEN, FL 32764

Title: PDT () Delete
Name: NEUSCH, CYNTHIA
Address: 483 STILL FOREST TR
City-St-Zip: SANFORD, FL 32771

Title: SDT () Delete
Name: LIEBNECHT, DEBBIE
Address: 3066 ONDICH ROAD
City-St-Zip: APOPKA, FL

Title: VT () Delete
Name: DANUERS, NERESSA
Address: 719 TRAILWOOD DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: M () Delete
Name: ULEKOWSKI, KATHY
Address: 2524 GRASSY POINT DR
City-St-Zip: LAKE MARY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE CARYL FOSLER

CD

03/07/2008

Electronic Signature of Signing Officer or Director

Date