

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000005715 (8)

SPECIAL NEEDS ADOPTION COUNCIL, INC.



Principal Place of Business  
10307 CLIFF CIRCLE  
TAMPA FL 33612

Mailing Address  
10307 CLIFF CIRCLE  
TAMPA FL 33612

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>12/14/1993  | 3a. Date of Last Report<br>05/01/1995  |
| 4. FEI Number<br>59-3224731  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>  | \$8.75 Additional Fee Required   |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br>PANACEK-HOWELL, LUANNE<br>10307 CLIFF CIRCLE<br>TAMPA FL 33612 | 10. Name and Address of New Registered Agent<br>81 Name<br>Luanne Panacek<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>10307 Cliff Circle<br>83<br>84 City<br>Tampa FL 85 Zip Code<br>33612 |
|---|--|

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 *Luanne Panacek* DATE 4/29/96

|                            |                                   |   |  |
|----------------------------|-----------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PANACEK-HOWELL, LUANNE            | 1.2 NAME  |  |
| STREET ADDRESS             | 10307 CLIFF CIRCLE                | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL 33612                    | 1.4 CITY-ST-ZIP                                       | 1ST VICE-PRES  |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SANBORN, JANET                    | 2.2 NAME  | Susan Hurley   |
| STREET ADDRESS             | 1808 W. BURKE                     | 2.3 STREET ADDRESS                                    | 11322 N. Armenia Ave   |
| CITY-ST-ZIP                | TAMPA FL 33604                    | 2.4 CITY-ST-ZIP                                       | Tampa, FL 33612  |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LEE, REGGIE                       | 3.2 NAME  | Brenda Hunt  |
| STREET ADDRESS             | 11718 58TH STREET N.              | 3.3 STREET ADDRESS                                    | 1710 Tampa St.   |
| CITY-ST-ZIP                | TAMPA FL 33617                    | 3.4 CITY-ST-ZIP                                       | Tampa, FL 33602  |
| TITLE                      | D <input type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, DIANE                    | 4.2 NAME  | Treasurer Secty  |
| STREET ADDRESS             | 6013 N. 40TH STREET               | 4.3 STREET ADDRESS                                    | Vicki Hummer   |
| CITY-ST-ZIP                | TAMPA FL 33610                    | 4.4 CITY-ST-ZIP                                       | 10909 Memorial Hwy   |
| TITLE                      | D <input type="checkbox"/> DELETE | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCDONALD, BETH                    | 5.2 NAME  | Alan Russel  |
| STREET ADDRESS             | 13301 N. BRUCE B. DOWNS BLVD.     | 5.3 STREET ADDRESS                                    | 4102 W. Linebaugh Ave  |
| CITY-ST-ZIP                | TAMPA FL 33612                    | 5.4 CITY-ST-ZIP                                       | Tampa, FL 33624  |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 6.2 NAME  |  |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)