

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N93000005715 (8)

1. Corporation Name

SPECIAL NEEDS ADOPTION COUNCIL, INC.



Principal Place of Business	Mailing Address
10307 CLIFF CIRCLE TAMPA FL 33612	10307 CLIFF CIRCLE TAMPA FL 33612-7335

3. Date Incorporated or Qualified 12/14/1993	3a. Date of Last Report 05/01/1996
---	---------------------------------------

2. Principal Place of Business	2a. Mailing Address
21 11322 N. ARMENIA AVE Suite, Apt. #, etc.	26 11322 N. ARMENIA AVE. Suite, Apt. #, etc.
22 City & State TAMPA, FL	27 City & State TAMPA, FL
23 Zip 33612	28 Zip 33612
24 Country	29 Country

4. FEI Number 59-3224731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
PANACEK, LUANNE 10307 CLIFF CIRCLE TAMPA FL 33612	

10. Name and Address of New Registered Agent	
81 Name SUSAN HURLEY	85 Zip Code 33612
82 Street Address (P.O. Box Number is Not Acceptable) 11322 N. ARMENIA AVE.	
83 P.O. Box 77078 TPA, FL 33675	
84 City TAMPA	85 Zip Code 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 Susan L. Hurley (Susan L. Hurley) President 6/9/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	0 PANACEK-HOWELL, LUANNE <input checked="" type="checkbox"/> DELETE
NAME	10307 CLIFF CIRCLE
STREET ADDRESS	TAMPA FL 33612
CITY-ST-ZIP	
TITLE	1VPD <input type="checkbox"/> DELETE
NAME	HURLEY, SUSAN
STREET ADDRESS	11322 N ARMENIA AVE
CITY-ST-ZIP	TAMPA FL 33612
TITLE	2VPD <input checked="" type="checkbox"/> DELETE
NAME	HUNT, BRENDA
STREET ADDRESS	10909 MEMORIAL HWY
CITY-ST-ZIP	TAMPA FL 33615
TITLE	SD <input type="checkbox"/> DELETE
NAME	HUMMER, VICKI
STREET ADDRESS	10909 MEMORIAL HWY
CITY-ST-ZIP	TAMPA FL 33615
TITLE	TD <input type="checkbox"/> DELETE
NAME	RUSSEL, ALAN
STREET ADDRESS	4102 W LINE BAUGH AVE
CITY-ST-ZIP	TAMPA FL 33624
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D, PRES
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1ST VP, D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2ND VP, D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE Alan J. Russell (Alan J. Russell) HUBMAN 10/30/2022

CR2E037 (9/96)