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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90125 050 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N93000005715**

1. Corporation Name  
**SPECIAL NEEDS ADOPTION COUNCIL, INC.**

Principal Place of Business  
**1927 N ARMANIA AVE XXX  
 TAMPA FL 33615  
 US**  
 10909 Memorial Hwy.  
 Tampa, FL 33615

Mailing Address  
 P.O. BOX 77078  
 TAMPA FL 33675  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10909 Memorial Hwy.		26		12/14/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Tampa, FL 33615		27		59-3224731	
City & State		City & State		Applied For	
23 33615 USA		28		- Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 25 29 30				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HURLEY, SUSAN 11322 N ARMENIA AVE TAMPA FL 33612				81 Name Arthur Carder			
				82 Street Address (P.O. Box Number is Not Acceptable) 10909 Memorial Hwy.			
				83			
				84 City Tampa			
				85 Zip Code FL 33615			

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]* DATE: 3/8/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, SUSAN	1.2 NAME	Carder, Arthur
STREET ADDRESS	11322 N ARMENIA AVE	1.3 STREET ADDRESS	10909 Memorial Hwy.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMER, VICKI	2.2 NAME	Freddie Brinson
STREET ADDRESS	10909 MEMORIAL HWY	2.3 STREET ADDRESS	1313 N. Tampa Street#804
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSEL, ALAN	3.2 NAME	Suzanne Corral
STREET ADDRESS	4102 W LINE BAUGH AVE	3.3 STREET ADDRESS	803 Lowry Lane
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33604
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Claire LeBoeuf, CSC
STREET ADDRESS		4.3 STREET ADDRESS	13133 St. Francis Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Thonotosassa, FL 33592
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Coreatha Larkins
STREET ADDRESS		5.3 STREET ADDRESS	6013 N. 40th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33610
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/11/99 DAYTIME PHONE #: (813) 982-9226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)