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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

10909 N ARMENIA 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

21 10909 Memorial Hwy.

Suite, Apt. #, etc.

22 Tampa, FL 33615

City & State

23 33615

Country

24 33615

Country

25 USA

26

27

28

29

30

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Country

29

30

3. Date Incorporated or Qualified

12/14/1993

4. FEI Number

59-3224731

Applied For

- Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

HURLEY, SUSAN
 11322 N ARMENIA AVE
 TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

Arthur Carder

82 Street Address (P.O. Box Number is Not Acceptable)

10909 Memorial Hwy.

83

84 City

Tampa

FL

85 Zip Code
 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]
 Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE PD
 NAME HURLEY, SUSAN
 STREET ADDRESS 11322 N ARMENIA AVE
 CITY-ST-ZIP TAMPA FL
☒ DELETE

TITLE VPD
 NAME HUMMER, VICKI
 STREET ADDRESS 10909 MEMORIAL HWY
 CITY-ST-ZIP TAMPA FL
☐ DELETE

TITLE VPD
 NAME RUSSEL, ALAN
 STREET ADDRESS 4102 W LINE BAUGH AVE
 CITY-ST-ZIP TAMPA FL
☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
 1.2 NAME Carder, Arthur
 1.3 STREET ADDRESS 10909 Memorial Hwy.
 1.4 CITY-ST-ZIP Tampa, FL 33615
☒ Change ☐ Addition

2.1 TITLE VPD
 2.2 NAME Freddie Brinson
 2.3 STREET ADDRESS 1313 N. Tampa Street#804
 2.4 CITY-ST-ZIP Tampa, FL 33602
☒ Change ☐ Addition

3.1 TITLE VPD
 3.2 NAME Suzanne Corral
 3.3 STREET ADDRESS 803 Lowry Lane
 3.4 CITY-ST-ZIP Tampa, FL 33604
☒ Change ☐ Addition

4.1 TITLE TD
 4.2 NAME Claire LeBoeuf, CSC
 4.3 STREET ADDRESS 13133 St. Francis Lane
 4.4 CITY-ST-ZIP Thonotosassa, FL 33592
☒ Change ☐ Addition

5.1 TITLE SD
 5.2 NAME Coreatha Larkins
 5.3 STREET ADDRESS 6013 N. 40th Street
 5.4 CITY-ST-ZIP Tampa, FL 33610
☒ Change ☐ Addition

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

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

2/11/99
 Date

(813) 982-9226
 Daytime Phone #

CR2E037 (11/98)