FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002321 (5)

SPECIAL BLESSINGS, INC.

Principal Plac	e of Business	Mailing Address			L (Abisson and series to	II 001(I 1814) 0011		***************
22 WOODHOLLOW LANE PALM COAST FL 32164		22 WOODHOLLOW LANE PALM COAST FL 32164-7918						
					3. Date Incorporated of 05/01/1996	or Qualified	3a. Date of Last	Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number F. / A	-		Applied For	
21		26			<u>59-33758</u>	373	·····	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status	Desired		Additional Required	
City & State		City & State		6. Election Campaign	Financing		May Be	
23		28		Trust Fund Contribu	~		d to Fees	
Ζiρ	Country	Zip	Country		8. This corporation has			s. 199.032,
24	25		30		Florida Statutes		Yes No	
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address	E DI NOW HOS	Histored Agent	
DAME TO	AL CADOL A							
HAMILTON, CAROL A 22 WOODHOLLOW LANE			82	Street A	Address (P.O. Box Number is N	lot Acceptabl	e)	
PALM COAST FL 32164			83					
''"	,		84	City			85 Zi	p Code
							 -i_	
office or i	to the provisions of Sections 617.050 registered agent, or both, in the State	of Florida, Such change was au	uthorized by	the corp				
agent. La	am familiar with, and accept the obliga	ations of, Section 617.0503, Flor	ida Statutes	ş	•	, ,		• • • • • • • • • • • • • • • • • • • •
SIGNATURE	Signature, typed or printed name of registered ago	and and little if applicable /NOTE	Benislared And	nt eignaluze	required when reinstating)		DATE	
12.	OFFICERS AN		13.	an algrediate	ADDITIONS/CHANGE	ES TO OFFIC		ORS IN 12
TITLE	D	DELETE	1.1 TITLE		D/P/7		Change	Addition
NAME	HAMILTON, CAROL A			l				
STREET ADDRESS	22 WOODHOLLOW LANE		1.3 STREET					
CITY-ST-ZIP	PALM COAST FL 32164	DELETE	1.4 City-S 2.1 Title	T-ZIP	DIVP		Change	e 🛂 Addition
NAME	D Hamilton, William R SR		2.1 HPLE 2.2 NAME	Ţ	711		crange	S LT Addition
STREET ADDRESS	22 WOODHOLLOW LANE		2.3 STREET	ADDRESS				
CITY-SY-ZIP	PALM COAST FL 32164		2. 4 CITY - S	i				
TITLE	D	DELETE	3.1 TITLE				Change	Addition
NAME	HEPLER, LARRY R		3.2 NAME					
STREET ADDRESS	100 PINE CREEK TRAIL		3.3 STREET	ADDRESS				
CITY-S1-ZIP	ORMOND BEACH FL 32174	DELETE	3.4. CITY-5	ST-ZIP				7.00
TITLE	D DICHARD D	ZN ELEIE	4.1 TITLE				☐ Chang	e L. Addition
NAME STREET ADDRESS	CREGO, RICHARD D 222 BEACHWAY DRIVE		4.2 NAME 4.3 Street address					
CITY-ST-ZIP	PALM COAST FL 32137		4.4 City-St-Zip					
TITLE	D	☐ DELETE	5.1 TITLE		DIUP		☐ Change	Addition
NAME	SALAZAR, HERNANDO		5.2 NAME		•		_	
STREET ADDRESS	32 WOODFIELD DRIVE		5.3 STREET	ADDRESS				
CITY-ST-ZIP	PALM COAST FL 32164		5.4 CITY - S	T-ZIP_				
TITLE	D	☐ DELETE	6.1 TITLE	ļ	D/S		☐ Change	Addition
NAME STREET ADORESS	ANGIUOLI, FRANCIS E		6.2 NAME		•			
I STREET ADORESS	I ZILWODIMOHDILDW LAND		■ 63 S1RFFT	ADDRESS I				

CITY-ST-ZIP

PALM COAST FL 32164

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.