

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90003 010 ****61.25

DOCUMENT # N96000002321

1. Entity Name

SPECIAL BLESSINGS, INC.

Principal Place of Business

22 WOODHOLLOW LANE
 PALM COAST FL 32164

Mailing Address

22 WOODHOLLOW LANE
 PALM COAST FL 32164

2. Principal Place of Business

109 N. Bay ST.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 354532

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bunnell Florida

City & State

Palm Coast Florida

4. FEI Number

59-3375873

Applied For

Not Applicable

Zip

32110

Country

USA

Zip

32135

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, CAROL A
 22 WOODHOLLOW LANE
 PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name Pastor Carol Hamilton

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DVT ☐ Delete
 NAME HAMILTON, CAROL A
 STREET ADDRESS 22 WOODHOLLOW LANE
 CITY-ST-ZIP PALM COAST FL

TITLE DP ☐ Delete
 NAME HAMILTON, WILLIAM R SR
 STREET ADDRESS 22 WOODHOLLOW LANE
 CITY-ST-ZIP PALM COAST FL

TITLE DS ☐ Delete
 NAME SCHELL, LINDA M
 STREET ADDRESS 107 SUNNY BROOK SOUTH
 CITY-ST-ZIP ORMOND BEACH FL 32175

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☒ Change ☐ Addition
 NAME Pastor Carol A Hamilton
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D/VP ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D/T ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 107 Sunny Brook Circle South
 CITY-ST-ZIP 32174

TITLE D/S ☐ Change ☒ Addition
 NAME Bonnie Jean Corn
 STREET ADDRESS 250 Seabreeze Dr.
 CITY-ST-ZIP Flagler Beach, FL 32136

TITLE D/C ☐ Change ☒ Addition
 NAME Robin Langley
 STREET ADDRESS 280 Parkview Dr.
 CITY-ST-ZIP Palm Coast, FL 32164

TITLE D ☐ Change ☒ Addition
 NAME Irving Corn
 STREET ADDRESS 250 Seabreeze Dr.
 CITY-ST-ZIP Flagler Beach, FL 32164

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like entries.

SIGNATURE: Pastor Carol A Hamilton

5/14/01

386-446-2254

CR2E037 (10/00)