

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002321

1. Entity Name

SPECIAL BLESSINGS, INC.

FILED

Jun 06, 2002 8:00 am
Secretary of State

06-06-2002 90083 021 ****61.25

Principal Place of Business

109 N BAY ST
BUNNELL FL 32110

Mailing Address

P O BOX 354532
PALM COAST FL 32135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3375873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, CAROL A PASTOR
22 WOODHOLLOW LANE
PALM COAST FL 32164

Name

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

58 Rolling Fern Dr.

City

Palm Coast

FL

Zip Code

32164

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 PASTOR CAROL A. HAMILTON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Pastor Carol A. Hamilton 6/3/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME HAMILTON, CAROL A PASTOR ☐ Delete
STREET ADDRESS 22 WOODHOLLOW LANE
CITY-ST-ZIP PALM COAST FL 32164

TITLE DVP
NAME HAMILTON, WILLIAM R SR ☐ Delete
STREET ADDRESS 22 WOODHOLLOW LANE
CITY-ST-ZIP PALM COAST FL 32164

TITLE DT
NAME SCHELL, LINDA M ☐ Delete
STREET ADDRESS 107 SUNNY BROOK CIRCLE SOUTH
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DS ☒ Delete
NAME CORN, BONNIE JEAN
STREET ADDRESS 250 SEABREEZE DR
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE DC ☐ Delete
NAME LANGLEY, ROBIN
STREET ADDRESS 280 PARKVIEW DR
CITY-ST-ZIP PALM COAST FL 32164

TITLE D ☒ Delete
NAME CORN, IRVING
STREET ADDRESS 250 SEABREEZE DR
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE Pastor Carol A. Hamilton, Ph.D. ☒ Change ☐ Addition
NAME
STREET ADDRESS 58 Rolling Fern Dr.
CITY-ST-ZIP Palm Coast, FL 32164

TITLE D V O S ☒ Change ☐ Addition
NAME
STREET ADDRESS 58 Rolling Fern Dr.
CITY-ST-ZIP Palm Coast FL 32164

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS PO Box 730474
CITY-ST-ZIP ormond Beach FL 32173

TITLE D ☐ Change ☒ Addition
NAME Elaine Rhoades
STREET ADDRESS 37 BOSTON Lane
CITY-ST-ZIP Palm Coast, FL 32137

TITLE D ☒ Change ☐ Addition
NAME Robin Langley
STREET ADDRESS 78 Forest Hill Dr.
CITY-ST-ZIP Palm Coast 32137

TITLE D ☐ Change ☒ Addition
NAME SKIP Symons
STREET ADDRESS 342 Bent Creek Ln
CITY-ST-ZIP Ormond Beach, FL 32174

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 empowered.

SIGNATURE:

Pastor Carol A. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PASTOR CAROL A HAMILTON 6-3-02 386-437-0250

Date

Daytime Phone #

CR2E037 (9/01)