## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17. 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name N96000002463 (5)

SPECIAL NEEDS ADOPTIVE PARENTS, INC.

**FILED** Sep 19 1997 8:00am Secretary of State



Principal Plac	e of Busines			Maitir	ng Address												
15913 LAYTON CT. NORTH TAMPA FL 33647-1031				15913 LAYTON CT. NORTH TAMPA FL 33647-1031						DO NOT WRITE IN THIS SPACE							
										3. Date Incorporated or 05/01/1996	Qualified	3a. Da	te of La	ist Rep	hood		
2. Principal Place of Business				2a. Mailing Address						4. FEI Number		•		Appl	ied For		
21]				26						<u> 59-3383</u>	743			<del></del>	Appl cable	ᆡ	
Suite, Apt. #. etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Required							
City & State				City & State						6. Election Campaign Financing \$5.00 May Be						ŀ	
23				Zip Country						Trust Fund Contribution							
Zip	Country			<b>├</b> ─┐						•	This corporation owes or has paid the current year Intangit				_		
24]	25 25 Name and Address of Current			29 30							al Property Tax due June 30. X Yes  and Address of New Registered Agent				L No		
	9, 1101110	and Address	OI CUITOIIL IN	ağısta.	ou Agent		81	Name		10. Hame End Address C	I HOW ITOL	110101007	April			┨	
ECOMANI	ne <b>z</b> walet	ADUCD E						110.110								J	
FERNANDEZ, KRISTOPHER E								Street Address (P.O. Box Number is Not Acceptable)									
307 S. BOULEVARD							B3									┨	
SUITE D	1 00000						اتا										
tampa f	L 33000						84	City				FL	85	Zip Co	de	7	
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office or r agent. I a	egistered ag m fantilier wi	ent, or both, in th, and accept	the State of the obligatio	Florida. ns <b>of</b> S	Such change was a section 617.0503, Flo	authorize orida Stat	d by tutes	the corp	poration	n's board of directors. I her	eby accep	t the app	ointmer	ıt as re	gistered		
SIGNATURE	TY		٠ ٢٠								9	-1-9	<u>'7</u> _				
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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.