

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002463 (5)

1. Corporation Name

SPECIAL NEEDS ADOPTIVE PARENTS, INC.

Principal Place of Business

15913 LAYTON CT. NORTH
TAMPA FL 33647-1031

Mailing Address

15913 LAYTON CT. NORTH
TAMPA FL 33647-1031

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

FERNANDEZ, KRISTOPHER E
307 S. BOULEVARD
SUITE D
TAMPA FL 33606

81 Name

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

83

84 City

FL 85 Zip Code

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

9-16-98

12. OFFICERS AND DIRECTORS

TITLE VPD [] DELETE

NAME JONES, PAMELA

STREET ADDRESS 5220 S.R. 79, LOT 55

CITY-STATE-ZIP SEFFNER FL

TITLE VPD [] DELETE

NAME HARRIS, BRENDA

STREET ADDRESS 1011 ECKLES DRIVE

CITY-STATE-ZIP TAMPA FL

TITLE BMD [] DELETE

NAME RINDOSH, ANN

STREET ADDRESS 1443 TIVERTON DRIVE

CITY-STATE-ZIP BRANDON FL

TITLE BMD [] DELETE

NAME DELANEY, LOIS

STREET ADDRESS 327 SO. BATH

CITY-STATE-ZIP NO. REDINGTON BEACH FL

TITLE DP [] DELETE

NAME ELUSON, NANCY

STREET ADDRESS 15913 LAYTON CT

CITY-STATE-ZIP TAMPA FL

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

[] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

[] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

[] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

[] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

[] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

[] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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.

SIGNATURE:

Nancy Ellison, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-98 (813) 971-4753

Date

Daytime Phone #

FILED
Oct 08 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

05/01/1996

4. FEI Number

59-3383923

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

7. Is this nonprofit corporation a homeowners association?

[] Yes [X] No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

[] Yes [X] No

10. Name and Address of New Registered Agent

CR2037 (5/98)