

FILE NOW: FILING FEE IS \$61.25

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Sep 22, 1999 8:00 am  
Secretary of State

09-22-1999 90007 021 \*\*\*\*61.25

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|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N96000002463

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<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>05/01/1996  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3383923  |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                       |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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

*Kristopher E. Fernandez*

(NOTE: Registered Agent signature required when reinstating)

DATE

8-23-99

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | VPD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JONES, PAMELA                       | 1.2 NAME  |   |
| STREET ADDRESS             | 5220 S.R. 79, LOT 55                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SEFFNER FL                          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARRIS, BRENDA                      | 2.2 NAME  |   |
| STREET ADDRESS             | 1011 ECKLES DRIVE                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TAMPA FL                            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | BMD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RINDOSH, ANN                        | 3.2 NAME  |   |
| STREET ADDRESS             | 1443 TIVERTON DRIVE                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BRANDON FL                          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | BMD <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DELANEY, LOIS                       | 4.2 NAME  |   |
| STREET ADDRESS             | 327 SO. BATH                        | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NO. REDINGTON BEACH FL              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DP <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELLISON, NANCY                      | 5.2 NAME  |   |
| STREET ADDRESS             | 15913 LAYTON CT                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TAMPA FL                            | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-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 I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Q. Ellison* 9-2-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 971-4752

CR2E037 (11/98)