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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004158 (9)

1. Corporation Name

SPECIAL CARE EDUCATIONAL SERVICES ORGANIZATION,
INCORPORATED

Principal Place of Business

2914 REDGROVE DRIVE N.E.
PALM BAY FL 32905

Mailing Address

2914 REDGROVE DRIVE N.E.
PALM BAY FL 32905-55153. Date Incorporated or Qualified
07/31/19963a. Date of Last Report
N/A

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 PO Box 60191

27 City & State

28 Zip

Country

Palm Bay FL

32906

30 Brevard

4. FEI Number

59-3394792

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, PATRICK
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

D ☐ DELETE
NAME CARTER, LEONARD NELSON III
STREET ADDRESS 2914 REDGROVE DRIVE N.E.
CITY-ST-ZIP PALM BAY FL 32905D ☐ DELETE
NAME DERATANY, TODD
STREET ADDRESS 105 S. RIVERSIDE DRIVE
CITY-ST-ZIP INDIALANTIC FL 32903D ☒ DELETE
NAME LEAHY, DIANA
STREET ADDRESS 125 BAYSHORE DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951D ☐ DELETE
NAME WHALEN, NATALIE
STREET ADDRESS 1610 OMEGA STREET
CITY-ST-ZIP PALM BAY FL 32907☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/CEO D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE VICE-PRESIDENT D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE SECRETARY D ☒ Change ☐ Addition
3.2 NAME YODER, EDNA
3.3 STREET ADDRESS 10 AUDUBON DR.
3.4 CITY-ST-ZIP Melbourne FL 329014.1 TITLE TREASURER D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: Leonard Nelson III Carter III 1/30/97 (407) 726-5519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001270

CR2E037 (9/96)