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FILED  
Feb 10 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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

Mailing Address

2814 REDROVE DRIVE N.E.  
PALM BAY FL 32905

P.O. BOX 60191  
PALM BAY FL 32906  
US

3. Date Incorporated or Qualified

07/31/1996

4. FEI Number

59-3394792

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

6. 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 ☒ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CARTER, LEONARD NELSON III  
STREET ADDRESS 2914 REDGROVE DRIVE N.E.  
CITY-ST-ZIP PALM BAY FL ☐ DELETE

1.1 TITLE PD/TO ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME DERATANY, TODD  
STREET ADDRESS 105 S. RIVERSIDE DRIVE  
CITY-ST-ZIP INDIALANTIC FL ☒ DELETE

2.1 TITLE SD ☐ Change ☒ Addition  
2.2 NAME Giron, Aura  
2.3 STREET ADDRESS 813 Santa Domingo Ave SW  
2.4 CITY-ST-ZIP Palm Bay FL 32908

TITLE SD  
NAME YODER, EDNA  
STREET ADDRESS 10 AUDUBON DRIVE  
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

3.1 TITLE ASST TO ☐ Change ☒ Addition  
3.2 NAME McDirmit, Raymond  
3.3 STREET ADDRESS 2724 Fountainhead Blvd.  
3.4 CITY-ST-ZIP Melbourne FL 32935

TITLE TD  
NAME WHALEN, NATALIE  
STREET ADDRESS 1610 OMEGA STREET  
CITY-ST-ZIP PALM BAY FL ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 changed, or on an attachment with an address.

SIGNATURE:

Leonard N. Carter III 1/30/98 1402726-3988

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