

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005829

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: SPECIAL PROGRAMS FOR SPECIAL KIDS, INC.

**Current Principal Place of Business:**

927 GRACE AVE.  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

927 GRACE AVE.  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number: 59-3475282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANCY, III, ROGER L  
1378 N. RAILROAD AVENUE  
CHIPLEY, FL 32428 US

**Name and Address of New Registered Agent:**

LANEY, III, ROGER L  
1378 N RAILROAD AVENUE  
CHIPLEY, FL 32428 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROGER L LANEY III

03/26/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NELSON, PAULA M  
Address: 3114 PRESERVE ROOKER BLVD  
City-St-Zip: PANAMA CITY, FL 32408

Title: D ( ) Delete  
Name: MAJKA, KATHLEEN  
Address: 3319 COUNTRY CLUB DR.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: MOON, BETTY J  
Address: 3847 SWALLOW CT.  
City-St-Zip: MARIETTA, GA 30066

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MAJKA, KATHLEEN  
Address: 3319 COUNTRY CLUB DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition  
Name: MOON, BETTY J  
Address: 3847 SWALLOW CT  
City-St-Zip: MARIETTA, GA 30066

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA M NELSON

D

03/26/2007

Electronic Signature of Signing Officer or Director

Date