

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005829

FILED
Apr 27, 2009
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:

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

Name and Address of New Registered Agent:

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: _____

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date