

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000000730

Entity Name: SPECIAL NEEDS ADVOCACY PROGRAM, INC**Current Principal Place of Business:**140 TOWNE CENTER CIRCLE
SANFORD, FL 32771**Current Mailing Address:**140 TOWNE CENTER CIRCLE
SANFORD, FL 32771 US**FEI Number: 86-1673593****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	GROVER, JAMES
Address	3210 SCENIC WOODS DRIVE
City-State-Zip:	DELTONA FL 32725

Title	TD
Name	THOMAS, MARK
Address	3210 SCENIC WOODS DRIVE
City-State-Zip:	DELTONA FL 32725

Title	D
Name	LEVINE, JUSTIN
Address	3210 SCENIC WOODS DRIVE
City-State-Zip:	DELTONA FL 32725

Title	SD
Name	CASPER, KATHERINE
Address	3210 SCENIC WOODS DRIVE
City-State-Zip:	DELTONA FL 32725

Title	D
Name	EGGLESTONE, CAROLYN
Address	3210 SCENIC WOODS DRIVE
City-State-Zip:	DELTONA FL 32725

I hereby 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 all other like empowered.

SIGNATURE: JAMES GROVER**EXECUTIVE DIRECTOR****05/05/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date