

2024 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 D
Name LEVINE, JUSTIN
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 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

01/13/2024

Electronic Signature of Signing Officer/Director Detail

Date