


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000002568 1. Entity Name CLARKE SCHOOL FOR THE DEAF, INCORPORATED	
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Principal Place of Business 47 ROUND HILL ROAD NORTHAMPTON, MA 01060	Mailing Address 47 ROUND HILL ROAD NORTHAMPTON, MA 01060
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-2104008	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, SUSAN DIRECTR  
 CLARKE-JACKSONVILLE, AUDITORY/ORAL CENTER  
 9857 ST. AUGUSTINE ROAD  
 JACKSONVILLE, FL 32257

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8. 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. I am familiar with, and accept the obligations of registered agent

N/A

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GJERDINGEN, DENNIS 83 ROUND HILL ROAD NORTHAMPTON, MA 01060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALICKI, STEPHEN 83 BANCROFT ROAD NORTHAMPTON, MA 01060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRST BARTLETT, CATHERINE MD 191 NORTH ELM STREET NORTHAMPTON, MA 01060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRST BERMAN, MARK 400 RIVERDALE STREET W. SPRINGFIELD, MA 01060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRST BRUCE, JOSEPH J 377 WALNUT AVENUE ROXBURY, MA 02119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRST COVELL, RICHARD B 72 FOX FARMS ROAD FLORENCE, MA 01060

000000145582  
05/03/04-80032-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **STEPHEN BALICKI** 04/28/04 413-584-3450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #