


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000002568

1. Entity Name
 CLARKE SCHOOL FOR THE DEAF, INCORPORATED



Principal Place of Business Mailing Address
 47 ROUND HILL ROAD 47 ROUND HILL ROAD
 NORTHAMPTON, MA 01060 NORTHAMPTON, MA 01060

DO NOT WRITE IN THIS SPACE



05112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-2104008	Applied For Not Applicable
5. Certificate of Status Desired <input 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.

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

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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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)(i), 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: _____ **5/10/05** **413-582-1156**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #