

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002568

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: CLARKE SCHOOL FOR THE DEAF, INCORPORATED

**Current Principal Place of Business:**

47 ROUND HILL ROAD  
NORTHAMPTON, MA 01060

**New Principal Place of Business:**

**Current Mailing Address:**

47 ROUND HILL ROAD  
NORTHAMPTON, MA 01060

**New Mailing Address:**

FEI Number: 04-2104008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALLEN, SUSAN DIRECTR  
CLARKE-JACKSONVILLE, AUDITORY/ORAL CENTER  
9857 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257 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: P ( ) Delete  
Name: CORWIN, WILLIAM  
Address: 4 RYANS HILL RD  
City-St-Zip: LEVERETT, MA 01054

Title: T ( ) Delete  
Name: BALICKI, STEPHEN  
Address: 22 WESTWOOD DR.  
City-St-Zip: WILBRAHAM, MA 01095

Title: TRST ( ) Delete  
Name: BARTLETT, CATHERINE MD  
Address: 191 NORTH ELM STREET  
City-St-Zip: NORTHAMPTON, MA 01060

Title: TRST ( ) Delete  
Name: BERMAN, MARK  
Address: 400 RIVERDALE STREET  
City-St-Zip: W. SPRINGFIELD, MA 01060

Title: TRST ( ) Delete  
Name: BRUCE, JOSEPH J  
Address: 377 WALNUT AVENUE  
City-St-Zip: ROXBURY, MA 02119

**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:

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: KIM WATSON

AP

02/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date