

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002568

FILED
Apr 20, 2011
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: PRES
Name: CORWIN, WILLIAM
Address: 4 RYANS HILL RD
City-St-Zip: LEVERETT, MA 01054

Title: TREA
Name: BALICKI, STEPHEN
Address: 22 WESTWOOD DR.
City-St-Zip: WILBRAHAM, MA 01095

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

Title: TRST
Name: BLYNN, JAN
Address: 857 LESLEY RD.
City-St-Zip: VILLANOVA, PA 19085

Title: TRST
Name: BRUCE, JOSEPH J
Address: 190 NORTH MAIN ST.
City-St-Zip: WOONSOCKET, RI 02895

Title: TRST
Name: COLLINS, LOUISE
Address: 116 PLEASANTVIEW AVE.
City-St-Zip: LONGMEADOW, MA 01106

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: WILLIAM CORWIN

PRES

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date