

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002568

FILED  
Mar 13, 2012  
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:**

47 ROUND HILL RD  
NORTHAMPTON, MA 01060

FEI Number: 04-2104008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:**

ROBINSON, CYNTHIA DIRECTO  
CLARKE-JACKSONVILLE, AUDITORY/ORAL CENTER  
9857 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257 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: CYNTHIA ROBINSON

03/13/2012

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: UNION ST  
City-St-Zip: NORTHAMPTON, MA 01060

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

MR.

03/13/2012

Electronic Signature of Signing Officer or Director

Date