FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003227 (4)

1. Corporation Name

JERICHO SCHOOL FOR CHILDREN WITH AUTISM, INC.

Principal Place of Business	Mailing Address
655 WEST EIGHTH STREET JACKSONVILLE FL 32209	655 WEST EIGHTH STREET JACKSONVILLE FL 32209

3. Date Incorporated or Qualified: 07/07/1995

3a. Date of Last Report: NA

2. Principal Place of Business

21 Concord Bldg., Suite 250
22 3030 Hartley Road
23 Jacksonville, FL 32257
USA
24

2a. Mailing Address: SAME
e, Apt #, etc.
& State
Country 30

4. FEI Number: 59-3325760 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CLAYMAN, DAVID A M.D.
655 WEST EIGHTH STREET
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: David A Clayman MD — David A. Clayman, MD, President — DATE: 7 FEB 96
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS (Max. 6 entries)

TITLE	D	☐ DELETE	1.1 TITLE
NAME	CLAYMAN, DAVID A		1.2 NAME
STREET ADDRESS	655 WEST EIGHTH STREET		1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32209		1.4 CITY-ST-ZIP
TITLE	D	☑ DELETE	2.1 TITLE
NAME	BEALL, DEBBIE		2.2 NAME
STREET ADDRESS	8344 MANA VISTA STREET		2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32211		2.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	3.1 TITLE
NAME	TUTHILL, ALLEN		3.2 NAME
STREET ADDRESS	1801 ART MUSEUM DRIVE		3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	4.1 TITLE
NAME	BREMER, PAUL		4.2 NAME
STREET ADDRESS	4550 ST. AUGUSTINE ROAD		4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	5.1 TITLE
NAME	TESIERO, DON ESQ.		5.2 NAME
STREET ADDRESS	50 N. LAURA STREET, SUITE 3100		5.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32202		5.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	6.1 TITLE
NAME	KRANTZ, PATRICIA ~~PH.D.~~ Ed. Ph.D.		6.2 NAME
STREET ADDRESS	300 COLD SOIL ROAD		6.3 STREET ADDRESS
CITY-ST-ZIP	PRINCETON NJ 08540		6.4 CITY-ST-ZIP

D
Raju V. Iyer, C.P.A.
3100 University Blvd. South
Jacksonville, Florida 32216
☑ Addition

D
Cyndy Kleinfield-Hayes
8580 NW 52nd Place
Coral Springs, FL 33067
☑ Addition

D
Melvin Gottlieb
3030 Hartley Road
Jacksonville, FL 32257
☑ Addition

D
Robert D. Price
200 West Forsyth Street
Jacksonville, Florida 32231
☑ Addition

D
Kristine Abbott
Prudential Plaza
Jacksonville, FL 32207
☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qua... atutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A Clayman MD — 7 FEB 96 — 904 549 4061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David A. Clayman, MD, President

CR2E037 (12/95)