

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90011 016 ****61.25

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1. Corporation Name

JERICO SCHOOL FOR CHILDREN WITH AUTISM, INC.

Principal Place of Business
P.O. BOX 19798
JACKSONVILLE FL 32245-9798

Mailing Address
P.O. BOX 19798
JACKSONVILLE FL 32245-9798



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/07/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3325760	
24 Country		29 Country		30	
5. Certificate of Status Desired				Applied For	
				Not Applicable	
6. Election Campaign Financing				Trust Fund Contribution	
				Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BODAMER/JERICO, KAREN 1300 SPRINKLE DR JACKSONVILLE FL 32211		81 Name T.A. Delegal, III 82 Street Address (P.O. Box Number is Not Acceptable) 424 East Monroe Street 83 84 City Jacksonville FL 85 Zip Code 32202	

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 T.A. Delegal, III DATE 4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR/Chairman
NAME	HARMS, CRYSTAL	1.2 NAME	LEONA SHEDDAN
STREET ADDRESS	4090 HODGES BLVD #106	1.3 STREET ADDRESS	2010 SHADOW LANE
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	NEPTUNE Bch FL 32266
TITLE	DS	2.1 TITLE	DIRECTOR/Vice Chairman
NAME	VETH, STEPHEN	2.2 NAME	CLAY MEUX
STREET ADDRESS	6858 MADRID AVE	2.3 STREET ADDRESS	12988 MANDARIN RD
CITY-ST-ZIP	JACKSONVILLE FL 32217	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	D	3.1 TITLE	DIRECTOR/Secretary
NAME	MALCOLM, ROBIN	3.2 NAME	SANDY DAVIDOWITZ
STREET ADDRESS	133 29TH AVE S (H)	3.3 STREET ADDRESS	381 9 ST
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	3.4 CITY-ST-ZIP	ATLANTIC Bch FL 32233
TITLE	D	4.1 TITLE	
NAME	SIZEMORE, JANIE	4.2 NAME	
STREET ADDRESS	716 BLAKESTONE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	TUTHILL, KIM	5.2 NAME	
STREET ADDRESS	1342 GROSVENOR SQUARE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE OF LEONA SHEDDAN DATE 4/15/99

CR2E037 (11/98)