


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90017 012 ****61.25

DOCUMENT # N95000003227	
1. Entity Name JERICOH SCHOOL FOR CHILDREN WITH AUTISM, INC.	

Principal Place of Business 1300 UNDERHILL DRIVE JACKSONVILLE FL 32211	Mailing Address P.O. BOX 11057 JACKSONVILLE FL 32239-1057
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3325760	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELEGAL, T. A. III 424 EAST MONROE ST JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE CD NAME DELEGAL, TAD A STREET ADDRESS 424 E. MONROE STREET CITY-ST-ZIP JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete	TITLE CD NAME DIANE SCHNORR STREET ADDRESS 5404 SELTON AVENUE CITY-ST-ZIP JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VCD NAME IBACH, B.J. STREET ADDRESS 1335 GREENRIDGE ROAD CITY-ST-ZIP JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete	TITLE VCD NAME MICHAEL MUNROE STREET ADDRESS 323 SANDCASTLE WAY CITY-ST-ZIP NEPTUNE BEACH, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME DUNHAM, MICHELLE H. STREET ADDRESS 8132 MAR DEL PLATA ST. EAST CITY-ST-ZIP JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SCHNORR, DIANE STREET ADDRESS 5404 SELTON AVENUE CITY-ST-ZIP JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Delete	TITLE SD NAME CYNTHIA CROW STREET ADDRESS 1823 12 OAKS LANE CITY-ST-ZIP NEPTUNE BEACH, FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SHEDDAN, LEONA STREET ADDRESS 2010 SHADOW LANE CITY-ST-ZIP NEPTUNE BEACH FL 32266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	2/14/04	904/744-5110
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>