

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003227

FILED
Jan 16, 2007
Secretary of State

Entity Name: JERICOH SCHOOL FOR CHILDREN WITH AUTISM, INC.

Current Principal Place of Business:

1300 UNDERHILL DRIVE
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11057
JACKSONVILLE, FL 322391057

New Mailing Address:

FEI Number: 59-3325760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEGAL, T. A. III
424 EAST MONROE ST
JACKSONVILLE, FL 32202 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: CD () Delete
Name: DELEGAL, T. A. III
Address: 424 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VCD () Delete
Name: MOREHEAD, LINDA
Address: 900 1ST STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: SD () Delete
Name: CROW, CYNTHIA
Address: 1823 12 OAKS LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D,TD () Delete
Name: SHEDDAN, LEONA
Address: 2010 SHADOW LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: SHEDDAN, LEONA P
Address: 2010 SHADOW LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VCD (X) Change () Addition
Name: DELEGAL, T. A. III
Address: 424 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ABRAHAM, DAVID
Address: 381 PRENDELL DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Change (X) Addition
Name: SCHNORR, DIANE P
Address: 301 BRANCHWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEONA P. SHEDDAN

CD

01/16/2007

Electronic Signature of Signing Officer or Director

Date