

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003227

FILED
Apr 10, 2012
Secretary of State

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

Current Principal Place of Business:

1351 SPRINKLE DRIVE
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11057
JACKSONVILLE, FL 32239

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: D
Name: MARTINEZ, ANGELO A
Address: 1884 ENTERPRISE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: C
Name: BARILE, MICHAEL
Address: 1544 SHIRL LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VC
Name: LEE, BRIAN
Address: 644 CESERY BLVD, #250
City-St-Zip: JACKSONVILLE, FL 32211

Title: S
Name: DAVIS, RICH
Address: 9310 OLD KINGS ROAD, #901
City-St-Zip: JACKSONVILLE, FL 32257

Title: T
Name: POPP, LAURALYN
Address: 4250 BEVERLY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

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: ANGELO MARTINEZ

D

04/10/2012

Electronic Signature of Signing Officer or Director

Date