

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003227

Entity Name: JERICOH SCHOOL FOR CHILDREN WITH AUTISM, INC.**Current Principal Place of Business:**1351 SPRINKLE DRIVE
JACKSONVILLE, FL 32211**Current Mailing Address:**P.O. BOX 11057
JACKSONVILLE, FL 32239**FEI Number: 59-3325760****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELEGAL, T. A. III
424 EAST MONROE ST
JACKSONVILLE, FL 32202 US*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**Officer/Director Detail :**

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

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

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

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

Title	T
Name	POPP, LAURALYN
Address	4250 BEVERLY AVENUE
City-State-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**EXECUTIVE DIRECTOR****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date