

2014 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

02/13/2014

Electronic Signature of Signing Officer/Director Detail

Date