2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002568

Entity Name: CLARKE SCHOOL FOR THE DEAF, INCORPORATED

FILED May 18, 2017 **Secretary of State** CC9462264665

Current Principal Place of Business:

45 ROUND HILL ROAD NORTHAMPTON, MA 01060

Current Mailing Address:

45 ROUND HILL RD

NORTHAMPTON, MA 01060 US

FEI Number: 04-2104008 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRIS, TINA CLARKE-JACKSONVILLE, AUDITORY/ORAL CENTER 9857 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257 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: TINA MORRIS 05/18/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

CFO Title **PRES** Title

Name CORWIN. WILLIAM Name LOWE. SUSAN Address 93 WASHINGTON ST Address 24B SUMMER ST

City-State-Zip: NORTHAMPTON MA 01060 City-State-Zip: NORTHAMPTON MA 01060

Title **TRUSTEE** Title **TRUSTEE**

CHU. NICHOLAS Name Name BARTLETT, CATHERINE MD

Address 1165 PARK AVE APT 12D Address 191 NORTH ELM STREET City-State-Zip: NEW YORK NY 10128 NORTHAMPTON MA 01060 City-State-Zip:

Title **TRUSTEE** Title **TRUSTEE**

BABOWAL, HUGH Name Name DAUGHERTY, WILLIAM

345 ROARING BROOK RD Address Address 559 SAN YSIDRO RD STE 1 City-State-Zip: **CHAPPAQUA NY 10514-1635**

City-State-Zip: SANTA BARBARA CA 93108-2101

Title **TRUSTEE** Title TRUSTEE, INTERIM CEO

Name FRANCK, KEVIN Name DELEO, DOUG Address 158 MONSEN RD Address 21 BRAMBLE HILL

CONCORD MA 01742 City-State-Zip: City-State-Zip: WESTFIELD MA 01085

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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.

05/18/2017 SIGNATURE: VALERIE MARTIN **INTERIM CFO**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

City-State-Zip: WASHINGTON DC 20009

TRUSTEE Title Title **TRUSTEE**

FRIEDLAND, JASON Name Name GROSVENOR, SARA Address 100 W MERMAID LN Address PO BOX 342102

City-State-Zip: BETHESDA MD 20827 City-State-Zip: PHILADELPHIA PA 19118

Title **TRUSTEE** Title **TRUSTEE**

Name RAAB, STEVEN Name MONTERO, DANIEL Address 19 RIDGECREST E Address 13860 HARBOR CREEK City-State-Zip: SCARSDALE NY 10583 City-State-Zip: JACKSONVILLE FL 32224

Title CO-DIRECTOR Title CO-DIRECTOR Name DEMICO, ALISA ROBINSON, CYNTHIA Name

Address 6179 ECLIPSE CIR Address 1703 WINDJAMMER LN

City-State-Zip: JACKSONVILLE FL 32258 ST AUGUSTINE FL 32084 City-State-Zip:

Title **TRUSTEE** Title **TRUSTEE**

Name BROWN, PAM Name MCCARTHY, SHARON

Address 5712 CHAPMAN MILL DR #120 Address 1736 19TH ST NW #2 City-State-Zip: NORTH BETHESDA MD 20852

Title INTERIM CFO Title INTERIM CEO

Name MARTIN, VALERIE SCOTT, DOUGLAS Name Address 45 ROUND HILL RD Address 45 ROUND HILL RD

City-State-Zip: NORTHAMPTON MA 01060 City-State-Zip: NORTHAMPTON MA 01060