

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002568

FILED
Apr 25, 2016
Secretary of State
CC7691585205

Entity Name: CLARKE SCHOOL FOR THE DEAF, INCORPORATED

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: Yes

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

04/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name CORWIN, WILLIAM
Address 93 WASHINGTON ST
City-State-Zip: NORTHAMPTON MA 01060

Title CFO
Name LOWE, SUSAN
Address 24B SUMMER ST
City-State-Zip: NORTHAMPTON MA 01060

Title TRUSTEE
Name BARTLETT, CATHERINE MD
Address 191 NORTH ELM STREET
City-State-Zip: NORTHAMPTON MA 01060

Title TRUSTEE
Name CHU, NICHOLAS
Address 1165 PARK AVE APT 12D
City-State-Zip: NEW YORK NY 10128

Title TRUSTEE
Name DAUGHERTY, WILLIAM
Address 559 SAN YSIDRO RD STE 1
City-State-Zip: SANTA BARBARA CA 93108-2101

Title TRUSTEE
Name BABOWAL, HUGH
Address 345 ROARING BROOK RD
City-State-Zip: CHAPPAQUA NY 10514-1635

Title TRUSTEE
Name DELEO, DOUG
Address 21 BRAMBLE HILL
City-State-Zip: WESTFIELD MA 01085

Title TRUSTEE
Name FRANCK, KEVIN
Address 158 MONSEN RD
City-State-Zip: CONCORD MA 01742

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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.

SIGNATURE: WILLIAM CORWIN

PRESIDENT

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name FRIEDLAND, JASON
Address 100 W MERMAID LN
City-State-Zip: PHILADELPHIA PA 19118

Title TRUSTEE
Name MONTERO, DANIEL
Address 13860 HARBOR CREEK
City-State-Zip: JACKSONVILLE FL 32224

Title CO-DIRECTOR
Name ROBINSON, CYNTHIA
Address 1703 WINDJAMMER LN
City-State-Zip: ST AUGUSTINE FL 32084

Title TRUSTEE
Name MCCARTHY, SHARON
Address 1736 19TH ST NW #2
City-State-Zip: WASHINGTON DC 20009

Title TRUSTEE
Name GROSVENOR, SARA
Address PO BOX 342102
City-State-Zip: BETHESDA MD 20827

Title TRUSTEE
Name RAAB, STEVEN
Address 19 RIDGECREST E
City-State-Zip: SCARSDALE NY 10583

Title CO-DIRECTOR
Name DEMICO, ALISA
Address 6179 ECLIPSE CIR
City-State-Zip: JACKSONVILLE FL 32258

Title TRUSTEE
Name BROWN, PAM
Address 5712 CHAPMAN MILL DR #120
City-State-Zip: NORTH BETHESDA MD 20852