## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000002568

FILED Apr 20, 2011 Secretary of State

Entity Name: CLARKE SCHOOL FOR THE DEAF, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

47 ROUND HILL ROAD NORTHAMPTON, MA 01060

Current Mailing Address: New Mailing Address:

47 ROUND HILL ROAD NORTHAMPTON, MA 01060

FEI Number: 04-2104008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLEN, SUSAN DIRECTR 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: CORWIN, WILLIAM
Address: 4 RYANS HILL RD
City-St-Zip: LEVERETT, MA 01054

Title: TREA

Name: BALICKI, STEPHEN
Address: 22 WESTWOOD DR.
City-St-Zip: WILBRAHAM, MA 01095

Title: TRST

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

 Title:
 TRST

 Name:
 BLYNN, JAN

 Address:
 857 LESLEY RD.

 City-St-Zip:
 VILLANOVA, PA 19085

Title: TRST

 Name:
 BRUCE, JOSEPH J

 Address:
 190 NORTH MAIN ST.

 City-St-Zip:
 WOONSOCKET, RI 02895

Title: TRST

Name: COLLINS, LOUISE
Address: 116 PLEASANTVIEW AVE.
City-St-Zip: LONGMEADOW, MA 01106

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 PRES 04/20/2011