

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001599

**FILED**  
**Apr 28, 2004**  
**Secretary of State****Entity Name:** COMMISSION ON SERVICES FOR CHILDREN WITH SPECIAL NEEDS, INC.**Current Principal Place of Business:**421 W. CHURCH ST.  
SUITE 212  
JACKSONVILLE, FL 32202 US**New Principal Place of Business:****Current Mailing Address:**421 W. CHURCH ST.  
SUITE 212  
JACKSONVILLE, FL 32202 US**New Mailing Address:****FEI Number:** 59-3631878**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ALLEN, LESLIE  
4642 BIRCHWOOD AVE  
JACKSONVILLE, FL 32207**Name and Address of New Registered Agent:**

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:** C ( ) Delete  
**Name:** CROWE, MIRIAM  
**Address:** 2306 KINGSLEY AVE.  
**City-St-Zip:** ORANGE PARK, FL 32073**Title:** VC ( ) Delete  
**Name:** CAMPBELL, KAREN  
**Address:** 4037 BOULEVARD CENTER DR., BUILDING B  
**City-St-Zip:** JACKSONVILLE, FL 32207**Title:** S ( ) Delete  
**Name:** HAZLETT, LISA  
**Address:** 100 BELL TEL WAY  
**City-St-Zip:** JACKSONVILLE, FL 32216**Title:** T ( ) Delete  
**Name:** TUTTLE, DIANE  
**Address:** 4243 SUNBEAM ROAD, SUITE 5  
**City-St-Zip:** JACKSONVILLE, FL 32257**Title:** D ( ) Delete  
**Name:** LABREQUE, RACHEL  
**Address:** 5920 ARLINGTON EXPRESSWAY  
**City-St-Zip:** JACKSONVILLE, FL 32211**Title:** D ( ) Delete  
**Name:** CROOKS, LAURA  
**Address:** 4044 SAN CLERC RD.  
**City-St-Zip:** JACKSONVILLE, FL 32217**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** S (X) Change ( ) Addition  
**Name:** MATUSCO, JENNIIFER  
**Address:** 100 BELL TEL WAY  
**City-St-Zip:** JACKSONVILLE, FL 32216**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MIRIAM CROWE

C

04/28/2004

Electronic Signature of Signing Officer or Director

Date