


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

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90020 021 ****61.25

DOCUMENT # N00000001599 1. Entity Name COMMISSION ON SERVICES FOR CHILDREN WITH SPECIAL NEEDS, INC.					
Principal Place of Business 421 W. CHURCH ST. SUITE 212 JACKSONVILLE, FL 32202 US			Mailing Address 421 W. CHURCH ST. SUITE 212 JACKSONVILLE, FL 32202 US		
2. Principal Place of Business 8545 Dewee St. N			3. Mailing Address 8545 Dewee St. N		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3631878	
Zip 32220		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLEN, LESLIE 4642 BIRCHWOOD AVE JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Jennifer Matusko Street Address (P.O. Box Number is Not Acceptable) 8545 Dewee St. N City Jacksonville FL Zip Code 32220		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jenni Matusko Jenni Matusko</u> 3/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete CROWE, MIRIAM 2306 KINGSLEY AVE. ORANGE PARK, FL 32073				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete CAMPBELL, KAREN 4037 BOULEVARD CENTER DR., BUILDING B JACKSONVILLE, FL 32207				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete HAZLETT, LISA Jennifer Matusko 100 BELL TEL WAY JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete TUTTLE, DIANE 4243 SUNBEAM ROAD, SUITE 5 JACKSONVILLE, FL 32257				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LABREQUE, RACHEL 5920 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CROOKS, LAURA 4044 SAN CLERC RD. JACKSONVILLE, FL 32217				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director					
NAME STREET ADDRESS CITY-ST-ZIP Etoile Graves-Smith 3221 Roundham Ln. Jacksonville, FL 32225					
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jennifer Matusko					
NAME STREET ADDRESS CITY-ST-ZIP 8545 Dewee St. N Jacksonville, FL 32220					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition D TOKER, KAREN H.					
NAME STREET ADDRESS CITY-ST-ZIP 6030 OAKBROOK COURT PONTE VEDRA BEACH, FL 32082					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jenni Matusko</u> 3/30/05 726-1500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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