

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001599

FILED
Sep 06, 2006
Secretary of State

Entity Name: COMMISSION ON SERVICES FOR CHILDREN WITH SPECIAL NEEDS, INC.

Current Principal Place of Business:

8545 DEVOE ST N.
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

4642 BIRCHWOOD AVE.
JACKSONVILLE, FL 32207 US

Current Mailing Address:

8545 DEVOE ST N.
SUITE 212
JACKSONVILLE, FL 32220 US

New Mailing Address:

4642 BIRCHWOOD AVE.
JACKSONVILLE, FL 32207 US

FEI Number: 59-3631878 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MATUSKO, JENNIFER
8545 DEVOE ST. N.
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

ALLEN, LESLIE
4642 BIRCHWOOD AVE.
JACKSONVILLE, FL 32207 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: LESLIE ALLEN

09/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () 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: MATUSKO, JENNIFER
Address: 8545 DEVOE ST N.
City-St-Zip: JACKSONVILLE, FL 32220

Title: T () Delete
Name: TUTTLE, DIANE
Address: 4243 SUNBEAM ROAD, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: TOKER, KAREN H
Address: 6030 OAKBROOK COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALLEN, LESLIE
Address: 4642 BIRCHWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LESLIE ALLEN

D/RA

09/06/2006

Electronic Signature of Signing Officer or Director

Date