## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001599

FILED Sep 04, 2007 Secretary of State

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

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	CHWOOD AVE. VILLE, FL 32207 US			
Current Mailing Address:		New Mailing Address:		
	CHWOOD AVE. VILLE, FL 32207 US			
In accordan	: 59-3631878 FEI Number Applied For() FEI ce with s. 607.193(2)(b), F.S., the corporation did not rece I Address of Current Registered Agent:	·=		
ALLEN, LE			,	
4642 BÍRC	VILLE, FL 32207 US			
	named entity submits this statement for the purpose of Florida.	se of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D ( ) Delete CROWE, MIRIAM 2306 KINGSLEY AVE. ORANGE PARK, FL 32073	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VC ( ) Delete CAMPBELL, KAREN 4037 BOULEVARD CENTER DR., BUILDING B JACKSONVILLE, FL 32207	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ) Delete MATUSKO, JENNIFER 8545 DEVOE ST N. JACKSONVILLE, FL 32220	Title: Name: Address: City-St-Zip:	C (X) Change ( ) Addition GRAVES-SMITH, ETOILLE 6675 CORPORATE CENTER PARKWAY, STE 115 JACKSONVILLE, FL 32216	
Title: Name: Address: City-St-Zip:	T () Delete TUTTLE, DIANE 4243 SUNBEAM ROAD, SUITE 5 JACKSONVILLE, FL 32257	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition PRICE, LAURIE 4600 BEACH BLVD. JACKSONVILLE, FL 32207	
Title: Name: Address: City-St-Zip:	D ( ) Delete TOKER, KAREN H 6030 OAKBROOK COURT PONTE VEDRA BEACH, FL 32082	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BIRCHFIELD, DANA 807 CHILDREN'S WAY JACKSONVILLE, FL 32207	
Title:	D () Delete ALLEN, LESLIE	Title: Name:	S (X) Change ( ) Addition ALLEN, LESLIE	

I hereby certify that the information supplied with this filing does not qualify 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 J. ALLEN SEC. 09/04/2007