

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001599

FILED  
Apr 28, 2003  
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 ( )**

**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: WARD-CROOKS, LAURA  
Address: 4044 SAN CLERC  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VC ( ) Delete  
Name: CROWE, MIRIAM  
Address: 2306 KINGSLEY AVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: S ( ) Delete  
Name: AHEARN, DENISE  
Address: FDLRS, BLDG. B 4037 BOULEVARD CTR. DR.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: T ( ) Delete  
Name: GRAVES-SMITH, ETOILE  
Address: 1701 PRUDENTIAL DR.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: LABREQUE, RACHEL  
Address: 5920 ARLINGTON EXPRESSWAY  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: FLOYD, CAROLYN  
Address: 2050 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: CROWE, MIRIAM  
Address: 2306 KINGSLEY AVE.  
City-St-Zip: ORANGE PARK, FL 32073

Title: VC (X) Change ( ) Addition  
Name: CAMPBELL, KAREN  
Address: 4037 BOULEVARD CENTER DR., BUILDING B  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S (X) Change ( ) Addition  
Name: HAZLETT, LISA  
Address: 100 BELL TEL WAY  
City-St-Zip: JACKSONVILLE, FL 32216

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

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

Title: D (X) Change ( ) Addition  
Name: CROOKS, LAURA  
Address: 4044 SAN CLERC RD.  
City-St-Zip: JACKSONVILLE, FL 32217

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: KAREN CAMPBELL

VC

04/28/2003

Electronic Signature of Signing Officer or Director

Date