2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90134 045 ****61.25

DOCUMENT # N00000004541

1. Entity Name

CENTER FOR ENABLING SPECIAL CHILDREN, INC.

Principal Place of Business	Mailing Address
3019 HAWKS LANDING DR TALLAHASSEE FL 32308	3019 HAWKS LANDING DR TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO BOX 12446 Suite, Apt. #, etc.
City & State	City & State: TALLAHASSEE, FL
Zip / Country	Zip: 32317-2446 / Country: USA

4. FEI Number: 59-3657180 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCRAE & METCALF 1677 MAHAN CENTER BLVD TALLAHASSEE FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDICINO, TERRY 3019 HAWKS LANDING DR TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/T TERRY MENDICINO 3019 HAWKS LANDING DR TALLAHASSEE FL 32308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDICINO, FRANK 3019 HAWKS LANDING DR TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P FRANK MENDICINO 3019 HAWKS LANDING DR TALLAHASSEE FL 32308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENMAN, THOMASINA 8760 REEDY BRANCH DR JACKSONVILLE FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V PAULETTE KHUFU 608 HAMPTON DR. TALLAHASSEE FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL MUNROE 323 SANDCASTLE WAY NEPTUNE BEACH, FL 32266	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD GLOVER 2375 CENTERVILLE RD TALLAHASSEE FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELORES LAWSON 2610 GUNN ST. TALLAHASSEE FL 32310	☐ Change ☑ Addition

CR2E037 (10/00)

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: ~~SIGNATURE REQUIRED~~ TERRY MENDICINO 4/28/01 850 8783450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOCUMENT# N00000004641

11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 10

544506

TITLE : D ☐ CHANGE ☑ ADDITION

NAME : SHIRLEY KERVIN

STREET ADDRESS: 10663 E LAKEVIEW RD

CITY - ST. - ZIP: JACKSONVILLE FL 32225

TITLE : D ☐ CHANGE ☑ ADDITION

NAME : LAURA PRADO-STEIMAN

STREET ADDRESS: 420 ALEXANDRA CIRCLE

CITY ST ZIP : WESTON, FL 33326

SIGNATURE:

TERRY MENDICINO 9/28/01

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER