2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

TALLAHASSEE FL 32317-2446

PO BOX 12446

DOCUMENT # N0000004541

1. Entity Name

4852 MAHAN DRIVE

TALLAHASSEE FL 32308

Suite, Apt. #, etc.

MCRAE & METCALF

1677 MAHAN CENTER BLVD TALLAHASSEE FL 32308

City & State

Zip

Principal Place of Business

2. Principal Place of Business

CENTER FOR ENABLING SPECIAL CHILDREN. INC.

Country

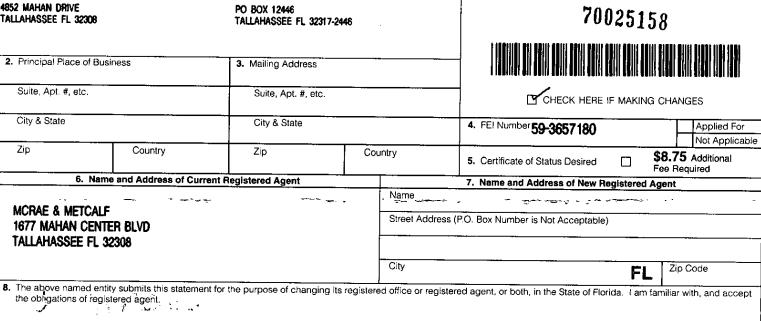
6. Name and Address of Current Registered Agent



Country

FILED Mar 05, 2003 8:00 am § Secretary of State

03-05-2003 90093 025 ****61.25



	A Section of the sect						
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 Cam Trust Fund Co				Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES	O OFFICERS AND D	IRECTORS IN	10
TITLE	DP	☐ Delete	TITLE	IVETTE RODRIGI			Addition
NAME	MENDICINO, TERRY		NAME	953 AUDREY		C_1 Gridings	//ddition
	3019 HAWKS LANDING DR		STREET ADDRESS	TAMAHASSEE			
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	17,000,000	, , , , , , ,	17	
TITLE	D	☐ Delete	TITLE	•	DT	☐ Change	Addition
NAME	MENDICINO, FRANK		NAME	SANDRA BUCHA	HAZAN	☐ Change	Audition
STREET ADDRESS	3019 HAWKS LANDING DR		STREET ADDRESS	8841 GREEN ON			
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	TALLAHASSED, F	-L 32317		
Trīte	D	□ Delete -	TITLE			Change	
NAME	KHUFU, PAULETTE	_ 00.00	NAME	JOUCE BOHL		☐ Citatige	TINOURION 1
STREET ADDRESS	608 HAMPTON DR		STREET ADDRESS	3405 DWDAU	k de		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP	TALLAHASZEE C	V 32300	۲	-
TITLE	D	Delete	TITLE	LARRY COURT NO		☐ Change	Addition
NAME	MUNROE, MICHAEL		NAME			Orlango	- Addition
STREET ADDRESS	323 SANDCASTLE WAY		STREET ADDRESS	830 G. PARK A	ME 519		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	_	CITY-ST-ZIP	TALLAHASSEE FL	32301		
TITLE	DT	Delete	TITLE			☐ Change	Addition
NAME	GLOVER, RICHARD		NAME			C. J Undange	L. Audilion
STREET ADDRESS	2375 CENTERVILLE RD		STREET ADDRESS				{
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP				
TITLE	D (HONOCARY)	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	LAWSON, DELORES		NAME				Addition)
	2610 GUNN ST		STREET ADDRESS				ľ
	TALLAHASSEE FL 32310		CITY-ST-ZIP				i
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							

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:

WURE REQUIRED

3/3/03

850 671 2400