

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003454

FILED
Apr 03, 2007
Secretary of State

Entity Name: JACKSONVILLE SCHOOL FOR CHILDREN WITH AUTISM, INC.

Current Principal Place of Business:

4000 SPRING PARK RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4000 SPRING PARK RD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-2632111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WECHSLER, CPA, RHONDA
116 HIDDEN COVE LN
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

WECHSLER, CPA, RHONDA
189 GREENCREST DRIVE
PONTE VEDRA BEACH, FL 32082 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:

04/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EXD () Delete
Name: DUNHAM, MICHELLE
Address: 4000 SPRING PARK RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: AD () Delete
Name: SCHULDT, TERRI
Address: 4000 SPRING PARK RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SCHUDT, TERRI
Address: 10915-109 BAYMEADOWS ROAD PMB #53
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: TAYLOR, JAMES
Address: 8161 PINE LAKE RD
City-St-Zip: JACKSONVILLE, FL 32256

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: H. MICHELLE DUNHAM

EXD

04/03/2007

Electronic Signature of Signing Officer or Director

Date