

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000003454

**FILED**  
**Nov 23, 2010**  
**Secretary of State**

**Entity Name:** JACKSONVILLE SCHOOL FOR 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 ( )**

**Name and Address of Current Registered Agent:**

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

**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:** RHONDA WECHSLER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

**Title:** ADM  
**Name:** ILANLOU, LYNDA  
**Address:** 4000 SPRING PARK RD  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** SEC  
**Name:** TAYLOR, JAMES  
**Address:** 8161 PINE LAKE RD  
**City-St-Zip:** JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

**SIGNATURE:** H. MICHELLE DUNHAM

DIR

11/23/2010

Electronic Signature of Signing Officer or Director

Date