

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006173

FILED
May 18, 2011
Secretary of State

Entity Name: LESTER PARKER CENTER FOR SPECIAL NEEDS, INC.

Current Principal Place of Business:

4320 2ND AVE SE
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

4320 2ND AVE SE
NAPLES, FL 34117

New Mailing Address:

FEI Number: 27-2972398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, BERNADINE A
4320 2ND AVE SE
NAPLES, FL 34117 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: DAVIS, TYRONE C
Address: 4320 2ND AVE SE
City-St-Zip: NAPLES, FL 34117

Title: DV
Name: CAMPBELL, JENNIFER M
Address: 4320 2ND AVE SE
City-St-Zip: NAPLES, FL 34117

Title: DST
Name: JAMES, TINA L
Address: 4320 2ND AVE SE
City-St-Zip: NAPLES, FL 34117

Title: D
Name: DAVIS, QUENETTE A
Address: 4320 2ND AVE SE
City-St-Zip: NAPLES, FL 34117

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: QUENETTE A. DAVIS

EXDR

05/18/2011

Electronic Signature of Signing Officer or Director

Date