FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50081** **(1)**

1. Corporation Name
NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2137 HENDRICKS AVE JACKSONVILLE FL 32207 US	2137 HENDRICKS AVE JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: **07/24/1992**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-3126545** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODELLI, MEL A 4826 AVON LANE JACKSONVILLE FL 32210	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RODELLI, MEL	1.2 NAME	
STREET ADDRESS	4825 AVON LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, COLLEEN	2.2 NAME	
STREET ADDRESS	11975 TANGELO LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	MINAS, DAVE	3.2 NAME	GUIDO GONZALEZ
STREET ADDRESS	12874 QUAILBROOK LANE	3.3 STREET ADDRESS	12335 STOCKBRIDGE COURT SOUTH
CITY-ST-ZIP	JACKSONVILLE FL 32224	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32258
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	GOEDTKE, DAVID	4.2 NAME	JERRY WILLIAMS
STREET ADDRESS	8187 TRAFALGAR SQ	4.3 STREET ADDRESS	13161 CRICKET COVE RD N
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, MIKE	5.2 NAME	
STREET ADDRESS	1941 GAMEWELL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DORSEY, MARSHA	6.2 NAME	
STREET ADDRESS	2313 BEACHCOMBER TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ David A. Goedtke 4.26.95 904-396-5187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001415