FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N50081 (1)

1. Corporation Name

NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION, INC.

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: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 4600 Beach Blvd	26 4600 Beach Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Fl.	City & State 28 Jacksonville, Fl.
Zip 24 32207 / Country 25 Duval	Zip 29 32207 / Country 30 Duval

4. FEI Number: 59-3126545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RODELLI, MEL A
4826 AVON LANE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Mel A. Rodelli

82 Street Address (P.O. Box Number is Not Acceptable): 4826 Avon Lane

83

84 City: Jacksonville FL 85 Zip Code: 32210

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: X Mel Rodelli, Mel Rodelli, President — April 23, 1996
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	☐ DELETE	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	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	MILLER, COLLEEN		2.2 NAME	POAG, DON	
STREET ADDRESS	11975 TANGELO LANE		2.3 STREET ADDRESS	3967 Meadowview DR N.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, Fl 32225	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	GONZALEZ, GUIDO		3.2 NAME	BRUTSCHY, BARBARA	
STREET ADDRESS	12335 STOCKBRIDGE COURT SOUTH		3.3 STREET ADDRESS	2085 La Reserve DR	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JERRY		4.2 NAME		
STREET ADDRESS	13161 CRICKET COVE ROAD NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	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	☐ DELETE	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		

CR2E037 (12/95)

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)(k), 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: [signature] Jerry Williams 2-9-96 904-268-0544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #