FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N50081

Principal Place of Business

NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION, INC.

4600 BEACH I	=	4600 BEACH BLVD JACKSONVILLE FL 32207			
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}	•			· ·	
2.0		2a. Mailing Address		Date Incorporated or Qualife	d
	Place of Business	<u> </u>		07/24/1992	· }
21 Suite, Apt	# oto	Suite, Apt. #, etc.		4. FEI Number	Applied For
	. #, etc.	27		59-3126545	Not Applicable
City & Sta	te	City & State			/ \$8.75 Additional
23		28		S. Certifcate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29	0	Trust Fund Contribution	Added to Fees
11	9. Name and Address of Current			10. Name and Address of New	Registered Agent
			81 Name	Poag Don	
VARIABLE LEDDY				Address (P.O. Box Number is Not Accep	table)
WILLIAMS, JERRY				67 MEADOWVIEW	DRIVE NORTH
13161 CRICKET COVE RD N JACKSONVILLE FL 32224			83		
JACKSUNVILLE PL 32224			1 01		85 Zip Code
			84 City	ACKSONVILLE	FL 323335
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above named	corporation exhaute this etatement for th	e purpose of changing its registered
office or	registered agent, or both, in the State of	f Florida. Such change was auti	horized by the corpo	pration's board of directors. I hereby acc	ept the appointment as registered
	(V// k/1-/ \ /	DONALD	POAG PI	RESIDENT	4/3/199
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signature r	equired when reinstating)	DATE
12.	OPEICERS AND		13.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 12
TIFLE	SD	☐ DELETE	1,1 TITLE	•	Change Addition
NAME	LEFF, ELDON		1.2 NAME]
STREET ADDRESS	1213 TRAILWOOD DR		1.3 STREET ADDRESS		i
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	POAG, DON		2.2 NAME	HARRISON, ROBERT	
STREET ADDRESS	3967 MEADOWVIEW DRIVE NOR	тн	2.3 STREET ADDRESS	4238 LALOSA DRIV	€
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL	32217
TITLE	TD 12	☐ DELETE	3.1 TITLE	,	Change Addition
NAME	WOMBOUGH; JOHN	•	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
OFFICE TIP				1	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32225	5 <u> </u>	3.4. CITY-ST-ZIP	·	
TITLE	PONTE VEDRA BEACH FL 32225 PD	CY DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	PD	Change ☐ Addition
		CY DELETE	4.1 TITLE 4.2 NAME	PD POAG, DON 3967 MEADOWVIEW	1

14. I hereby certify that the information supplied with this filing 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 changes, or on an attachment with an address, with all other like empowered.

4.4 CITY+ST-7IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

JACKSONVILLE FL 32224

BRUTSCHY, BARBARA 4600 BEACH BLUD.

CALVERT, GEORGE

12551

JACKSONVILLE, FL 32225

JACKSONVILLE, FL 32207

LINJOHN RD

Change

Change

Addition

Addition

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90112 048 ****70.00

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