2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90338 042 ****70.00

DOCUMENT # N50081

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

Principal Place of Business	Mailing Address
4600 BEACH BLVD JACKSONVILLE, FL 32207 US	4600 BEACH BLVD JACKSONVILLE, FL 32207 US

03302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
223 Mill Creek Rd.	223 Mill Creek Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32211 Country: Duval	Zip: 32211 Country: Duval

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

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

6. Name and Address of Current Registered Agent

POAG, DON
4600 BEACH BLVD.
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name Debbie Johnson
Street Address (P.O. Box Number is Not Acceptable)
223 Mill Creek Road
City Jacksonville FL Zip Code 32211

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deborah A. Johnson 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRISON, ROBERT 4238 LALOSA DR. JACKSONVILLE, FL 32217	☒ Delete	VP WORTMAN, JOHN 1200 Riverplace Blvd STE. 902 Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POAG, DON 3967 MEADOWVIEW DR. N JACKSONVILLE, FL 32225	☒ Delete	S Rossi, Frank 3312 St. John's Ave. Jacksonville, FL 32205	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, DEBBIE 4600 BEACH BLVD JACKSONVILLE, FL 32207	☐ Delete	T Johnson, Debbie 223 Mill Creek Road Jacksonville, FL 32211	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CALVERT, GEORGE 12551 LIN JOHN RD. JACKSONVILLE, FL 32223	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZAENGER, PEGGY ANN 6151 GRAYLING DRIVE JACKSONVILLE, FL 32256	☐ Delete	P ZAENGER, PEGGYANN 6151 GRAYLING DRIVE JACKSONVILLE, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/20/04 904-308-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #