

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90330 040 ****70.00

DOCUMENT # N50081

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



Principal Place of Business
**223 MILL CREEK ROAD
JACKSONVILLE, FL 32211 US**

Mailing Address
**223 MILL CREEK ROAD
JACKSONVILLE, FL 32211 US**

J0010430



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3126545

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, DEBBIE
223 MILLCREEK RD.
JACKSONVILLE, FL 32211**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	VP HUDSON, ASHTON 223 MILL CREEK ROAD JACKSONVILLE, FL 32211	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, CHRISTY 223 MILL CREEK ROAD JACKSONVILLE, FL 32211	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, DEBBIE 223 MILLCREEK RD. JACKSONVILLE, FL 32211	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORGAN, WILL 223 MILL CREEK ROAD JACKSONVILLE, FL 32211	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Deborah A. Johnson **DEBORAH A. JOHNSON**

3-31-06

Date

904-724-8323

Daytime Phone #