

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90185 028 ****70.00

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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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3126545	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, DEBBIE 223 MILLCREEK RD. JACKSONVILLE, FL 32211			7. Name and Address of New Registered Agent Name John Wortman Street Address (P.O. Box Number is Not Acceptable) 223 Mill Creek Road City Jacksonville FL 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 Signature, typed or printed name of registered agent and title if applicable.			DATE 4/11/07 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		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		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Serwatka, Dr. Thomas 223 Mill Creek Road Jacksonville, FL 32221	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wortman, John 223 Mill Creek Road Jacksonville, FL 32221	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 4/11/07 904-724-8323 Date Daytime Phone #		