

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90012 026 ****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**

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

01232008

Chg-NP

CR2E037 (12/06)

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

**WORTMAN, JOHN
223 MILLCREEK RD.
JACKSONVILLE, FL 32211**

7. Name and Address of New Registered Agent

Name **Will Morgan**
Street Address (P.O. Box Number is Not Acceptable)

223 Mill Creek Rd.
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

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, 2008**

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 **VP** ☐ Delete
NAME **SERWATKA, THOMAS DR**
STREET ADDRESS **223 MILL CREEK ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

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

TITLE **S** ☐ Delete
NAME **SMITH, CHRISTY**
STREET ADDRESS **223 MILL CREEK ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

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

TITLE **P** ☐ Delete
NAME **WORTMAN, JOHN**
STREET ADDRESS **223 MILLCREEK RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **D** ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **MORGAN, WILL**
STREET ADDRESS **223 MILL CREEK ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **P** ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE **T** ☐ Change ☒ Addition
NAME **Brook Faison**
STREET ADDRESS **223 Mill Creek Road**
CITY-ST-ZIP **Jacksonville, FL 32211**

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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

Daytime Phone #