2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N50081

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

Current Principal Place of Business:

223 MILL CREEK ROAD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

223 MILL CREEK ROAD
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-3126545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORGAN, WILL
223 MILLCREEK RD.
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SERWATKA, THOMAS DR
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: S ( ) Delete
Name: SMITH, CHRISTY
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: WORTMAN, JOHN
Address: 223 MILLCREEK RD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: P ( ) Delete
Name: MORGAN, WILL
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: T ( ) Delete
Name: FAISON, BROOK
Address: 223 MILL CRK RD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: HAZELIP, SALLY
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WORTMAN, JOHN
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: FAISON, BROOKS
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILL MORGAN P 03/12/2009

Electronic Signature of Signing Officer or Director — Date