

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 22, 2012
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 ()****Name and Address of Current Registered Agent:**HAZELIP, SALLY
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: P
Name: FAISON, BROOKS
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: S
Name: ATNIP, JIM
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: T
Name: VAN LANDINGHAM, RAY
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP
Name: CUDDIHEE, GUY
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: ED
Name: HAZELIP, SALLY
Address: 223 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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 all other like empowered.

SIGNATURE: SALLY HAZELIP

ED

08/22/2012

Electronic Signature of Signing Officer or Director

Date