

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 021 ****61.25

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1. Entity Name

JERICO SCHOOL FOR CHILDREN WITH AUTISM, INC.



Principal Place of Business

**1300 UNDERHILL DRIVE
JACKSONVILLE FL 32211**

Mailing Address

**P.O. BOX 11057
JACKSONVILLE FL 32239-1057**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3325760

Applied For

Not Applicable

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

**DELEGAL, T. A. III
424 EAST MONROE ST
JACKSONVILLE FL 32202**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SCHNORR, DIANE
5404 SELTON AVENUE
JACKSONVILLE FL 32211** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
MUNROE, MICHAEL
323 SANDCASTLE WAY
NEPTUNE BEACH FL 32266** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DUNHAM, MICHELLE H
8132 MAR DEL PLATA ST. EAST
JACKSONVILLE FL 32256** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CROW, CYNTHIA
1823 12 OAKS LANE
NEPTUNE BEACH FL 32266** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHEDDAN, LEONA *SHEDDAN*
2010 SHADOW LANE
NEPTUNE BEACH FL 32266** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD/D
LEONA SHEDDAN
2010 SHADOW LANE
NEPTUNE BEACH, FL 32266** ☒ 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 exemption stated in Section 119.07(3)(i), 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:

Leona Shedd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #