2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003227

FILED Jan 13, 2006 Secretary of State

Entity Name: JERICHO SCHOOL FOR CHILDREN WITH AUTISM, INC.

Current Principal Place of Business: New Principal Place of Business:

1300 UNDERHILL DRIVE JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

P.O. BOX 11057 JACKSONVILLE, FL 322391057

FEI Number: 59-3325760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

\L. _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CD () Delete
 Title:
 CD (X) Change () Addition

 Name:
 SCHNORR, DIANE
 Name:
 DELEGAL, T. A. III

 Address:
 5404 SELTON AVENUE
 Address:
 424 EAST MONROE STREET

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:
 JACKSONVILLE, FL 32202

Title: VCD () Delete Title: VCD (X) Change () Addition

 Name:
 MUNROE, MICHAEL
 Name:
 MOREHEAD, LINDA

 Address:
 323 SANDCASTLE WAY
 Address:
 900 1ST STREET

 City-St-Zip:
 NEPTUNE BEACH, FL 32266
 City-St-Zip:
 NEPTUNE BEACH, FL 32266

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Title: SD () Delete Title: () Change () Addition Name: CROW, CYNTHIA Name:

 Name:
 CROW, CYNTHIA
 Name:

 Address:
 1823 12 OAKS LANE
 Address:

 City-St-Zip:
 NEPTUNE BEACH, FL 32266
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D,TD} \qquad ({\sf X}) \, {\sf Change} \ (\) \, {\sf Addition}$

Name:SHEDDAN, LEONAName:SHEDDAN, LEONAAddress:2010 SHADOW LANEAddress:2010 SHADOW LANECity-St-Zip:NEPTUNE BEACH, FL 32266City-St-Zip:NEPTUNE BEACH, FL 32266

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONA P. SHEDDAN D 01/13/2006