

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752252

FILED
Feb 05, 2004
Secretary of State**Entity Name:** AUTISTIC CARE, INC.**Current Principal Place of Business:**818 SOUTH DIXIE HWY
LAKE WORTH, FL 33460 US**New Principal Place of Business:****Current Mailing Address:**830 LAKESIDE DRIVE
C/O WALTER A. CANTOR
LAKE WORTH, FL 33460**New Mailing Address:****FEI Number:** 59-2009006**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CANTOR, WALTER A.
830 LAKESIDE DRIVE
LAKE WORTH, FL 33460**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:** PTD () Delete
Name: CANTOR, WALTER A.,
Address: 830 S. LAKESIDE DR
City-St-Zip: LAKE WORTH, FL**Title:** SVD () Delete
Name: LILLIAN CANTOR,
Address: 830 S LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL**Title:** D () Delete
Name: BEVERLY BLOCK,
Address: 14735 VALLEYHEART
City-St-Zip: SHERMAN OAKS, CA**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PTD (X) Change () Addition
Name: CANTOR, WALTER A
Address: 830 S. LAKESIDE DR
City-St-Zip: LAKE WORTH, FL 33460**Title:** VD (X) Change () Addition
Name: CANTOR, LILLIAN
Address: 830 S LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460**Title:** VD (X) Change () Addition
Name: BLOCK, BEVERLY
Address: 14735 VALLEYHEART
City-St-Zip: SHERMAN OAKS, CA 91403**Title:** D () Change (X) Addition
Name: GRISWALD, BETTY
Address: PO BOX 869
City-St-Zip: LAKE WORTH, FL 33460**Title:** SD () Change (X) Addition
Name: WAGNER, JANET
Address: 4970 MISTY PINE TRAIL
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LILLIAN CANTOR

VD

02/05/2004

Electronic Signature of Signing Officer or Director

Date