

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008096

FILED
Feb 18, 2011
Secretary of State

Entity Name: THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.

Current Principal Place of Business:

4912 CREEKSIDE DRIVE
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

4912 CREEKSIDE DRIVE
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-3705979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAUNTON, JOHN ESQ.
3000 GULF TO BAY BLVD
STE 102
CLEARWATER, FL 33759 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: BELISLE, TODD
Address: 4912 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: VPS
Name: JULIAN, PATRICIA
Address: 4912 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: D
Name: SHONTER, RICHARD
Address: 4912 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: D
Name: HENKE, JOE
Address: 4912 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

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: TODD BELISLE

P

02/18/2011

Electronic Signature of Signing Officer or Director

Date