2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000009800

1. Entity Name
SYDNEY'S ANGELS FOR AUTISM, INC.

Principal Place of Business	Mailing Address
6536 STONINGTON DRIVE TAMPA, FL 33647 US	6536 STONINGTON DRIVE TAMPA, FL 33647 US

01182006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
83-0409962
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWENSON, JEFFREY T
3101 W MARTIN LUTHER KING BLVD STE #200
TAMPA, FL 33607

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MAURER, ANITA SANCHEZ
STREET ADDRESS	4518 S MANHATTAN AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	CMD
NAME	SWENSON, KATHY
STREET ADDRESS	% 6536 STONINGTON DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DV
NAME	SWENSON, JEFFREY
STREET ADDRESS	% 6536 STONINGTON DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S
NAME	RAVA, JEN
STREET ADDRESS	9 DAHLIA CT N
CITY-ST-ZIP	HOMOSASSA, FL 32311
TITLE	D
NAME	MERENDA, MELISSA
STREET ADDRESS	5547 MASTERS BOULEVARD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000930653
05/21/08-80117-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Kathy Swenson Director/President 4/24/08 813-495-5670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #