

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008503

FILED  
Feb 12, 2012  
Secretary of State

**Entity Name:** HOPE AUTISM FOUNDATION INC.

**Current Principal Place of Business:**

3518 FORAY LANE  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

3518 FORAY LANE  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 45-3163411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BERRY, PHILIP R  
3236 BEACON SQUARE DR  
HOLIDAY, FL 23491 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: BERRY, PHILIP R  
Address: 3236 BEACON SQUARE DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: VP  
Name: SCHEU, TOM  
Address: 3518 FORAY LANE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D  
Name: SCHEU, JOY  
Address: 3518 FORAY LANE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D  
Name: DOLAN, ROB  
Address: 14019 NOBLE PARK DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: DOLAN, JOY  
Address: 14019 NOBLE PARK DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: WILSON, ELIZABETH  
Address: 3916 DARLINGTON RD  
City-St-Zip: HOLIDAY, FL 34691

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: PHILIP R BERRY

P

02/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date