

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2012
Secretary of State

Entity Name: TWIN PLUM FOUNDATION FOR AUTISTIC CURE, INC.

Current Principal Place of Business:

8105 W 20 AVE
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

8105 W 20 AVE
HIALEAH, FL 33014

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M & W AGENTS, INC.
2101 CORPORATE BLVD, SUITE 107
BOCA RATON, FL 33431 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: D
Name: ORTIZ, HECTOR
Address: 16425 COLLINS AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D
Name: ORTIZ, LINDA
Address: 16425 COLLINS AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D
Name: IBANEZ-JOHNSON, LINDA S
Address: 515 STONE MONT DR
City-St-Zip: WESTON, FL 33326

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: HECTOR ORTIZ

D

04/19/2012

Electronic Signature of Signing Officer or Director

Date