

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001845

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** ADONIS AUTISM ASSISTANCE FOUNDATION, INC.

**Current Principal Place of Business:**

12530 STRATHMORE LOOP  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 61005  
FORT MYERS, FL 33906 US

**New Mailing Address:**

**FEI Number:** 65-0426715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMERON, BETH PRES.  
5709 STONEHAVEN DR.  
NORTH FT. MYERS, FL 33903 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: CAMERON, BETH  
Address: 5709 STONEHAVEN DR.  
City-St-Zip: NORTH FT. MYERS, FL 33903 US

Title: VP  
Name: GALELLA, ARMANDO  
Address: 68 WOLCOTT DR.  
City-St-Zip: NORTH FT MYERS, FL 33903 US

Title: S  
Name: WILLIAMS, TUESDAY  
Address: 2417 TROPICANA PARKWAY  
City-St-Zip: CAPE CORAL, FL 33993 US

Title: T  
Name: UMPHRIES, DEBORAH  
Address: 12530 STRATHMORE LOOP  
City-St-Zip: FORT MYERS, FL 33912 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: DEBORAH UMPHRIES

TREA

04/17/2012

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

\_\_\_\_\_  
Date