

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011763

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

**Current Principal Place of Business:**

8105 W 20 AVE  
HIALEAH, FL 33014

**Current Mailing Address:**

8105 W 20 AVE  
HIALEAH, FL 33014

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

M & W AGENTS, INC.  
2101 CORPORATE BLVD, SUITE 107  
BOCA RATON, FL 33431 US

*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

**Officer/Director Detail :**

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

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

Title D  
Name IBANEZ-JOHNSON, LINDA S  
Address 515 STONE MONT DR  
City-State-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

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date