

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000003851

Entity Name: SOUTH PINELLAS AUTISM PROJECT, INC.**Current Principal Place of Business:**212 30TH STREET NORTH
ST. PETERSBURG, FL 33713**Current Mailing Address:**212 30TH STREET NORTH
ST. PETERSBURG, FL 33713 US**FEI Number:** 81-2245837**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WISEMAN, MATTHEW
212 30TH STREET NORTH
ST. PETERSBURG, FL 33713 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:** MATTHEW WISEMAN

03/29/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FACTOTUM
Name HASBROUCK, ROBERT
Address 495 44TH AVENUE NE
City-State-Zip: ST. PETERSBURG FL 33703

Title CHAIR
Name CAPUANO, ROBERT C
Address 3801 WEST PALMIRA AVE
City-State-Zip: TAMPA FL 33629

Title SECRETARY
Name VEVA, SCOTT M.M.
Address 2700 65TH AVE S
City-State-Zip: ST PETERSBURG FL 33712

Title EXECUTIVE DIRECTOR
Name WISEMAN, MATTHEW
Address 212 30TH STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title VICE CHAIR
Name SCHWEINSBERG, TAMARA LYNN
Address 3124 NINTH AVE NORTH
City-State-Zip: ST PETERSBURG FL 33713

Title TREASURER
Name REARDON, JULIA
Address 4560 44TH ST S
City-State-Zip: SAINT PETERSBURG FL 33711

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: MATTHEW WISEMAN

EXECUTIVE DIRECTOR

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date