

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737122

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE AUTISTIC CHILD ADVOCATES ASSOCIATION, INC.

Current Principal Place of Business:

29 N.W. 9 AVENUE
MIAMI, FL 33128 US

New Principal Place of Business:

Current Mailing Address:

1089 N.E. 104 ST.
MIAMI SHORES, FL 331382655

New Mailing Address:

29 N.W. 9 AVENUE
MIAMI, FL 33128 US

FEI Number: 59-1703015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAHRY, CHARLES
29 NW 9 AVE
MIAMI, FL 33128 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: T () Delete
Name: BAHRY, CHARLES
Address: 29 NW 9TH AVE.
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: SEQUENZIA, VEN
Address: 19732 NE 12TH PLACE
City-St-Zip: N MIAMI BEACH, FL 33179

Title: VD () Delete
Name: WAAS, NORMAN
Address: 113 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: WARDY, SUE
Address: 6815 SW 69 TERR.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: SCHOMBER, JEAN
Address: 13185 ORTEGA LANE
City-St-Zip: N MIAMI, FL 33181

Title: D () Delete
Name: COCCHI, PATRICIA
Address: 1089 NE 104 ST.
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES BAHRY

TREA

04/24/2009

Electronic Signature of Signing Officer or Director

Date