

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737122

FILED
Jan 12, 2012
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:

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

New Mailing Address:

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
Name: BAHRY, CHARLES
Address: 29 NW 9TH AVE.
City-St-Zip: MIAMI, FL

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

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

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

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

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

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: CHARLES BAHRY

T

01/12/2012

Electronic Signature of Signing Officer or Director

_____ Date