

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749415** (6)

1. Corporation Name
FLORIDA GULF COAST AUTISM ASSOCIATION, INC.



Principal Place of Business: **1484 52 AVE. NE ST. PETERSBURG FL 33703**
Mailing Address: **1484 52 AVE. NE ST. PETERSBURG FL 33703**

3. Date Incorporated or Qualified: **10/22/1979**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-1960476**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ANNE B. DI NAPOLI
1484 52 AVE. NE
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JONES, PATRICIA R	
STREET ADDRESS	1434 HILL DRIVE	
CITY - ST - ZIP	LARGO, FL 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DINAPOLI, ANNE	
STREET ADDRESS	1484 52 AVE N E	
CITY - ST - ZIP	ST PETERSBURG, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CROW, LAWRENCE D.	
STREET ADDRESS	1017 BEAVER DR.	
CITY - ST - ZIP	TARPOON SPGS. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRACKEN, VIRGINIA	
STREET ADDRESS	2000 GULF BLVD #14	
CITY - ST - ZIP	BELLAIR BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNGMAN, RUTHE E	
STREET ADDRESS	2573 MADRID WAY SO	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROWLAND, DONALD J.	
STREET ADDRESS	5401 31ST AVE. NO.	
CITY - ST - ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anne B. DiNapoli* Anne B. DiNapoli 01/31/96 (813) 522-2353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)